

Transcript of the Testimony of
Carlos Hall, Sr., Vol. 2

Date: January 27, 2021

Case: Carlos Hall, Sr. v. Eric S. Higgins

Bushman Court Reporting

Kristina Gray

Phone: (501) 372-5115

Fax: (501) 378-0077

<www.bushmanreporting.com>



Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 1

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
16TH DIVISION

CARLOS HALL, SR.

PLAINTIFF

VS.

NO. 60CV-19-7264

ERIC S. HIGGINS

DEFENDANT

VOLUME II

ORAL DEPOSITION

OF

CARLOS HALL, SR.

(Taken January 27, 2021, at 10:40 a.m.)

Kristina Gray

Bushman Court Reporting

501-372-5115

0480e4ef-2b08-470d-b781-f8feff97c2dd

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 6

1 The second surgery I had when I was hit by a truck
2 2017 October, it knocked my discs out of line, knocked
3 them to the left, broke my leg in half. I had to get
4 surgery on my leg, put a rod in my hip, my femur bone,
5 to keep my leg in place. And I had to have metal, a
6 cage, to put on my spine, to hold and squeeze my spine
7 in place. That's major pain. That was major surgery.

8 I had to have work done on my bottom because I was
9 on stage five pressure sores, pus, blood, sores,
10 infection. I went through six or seven weeks of
11 treatment getting that healed. I got the sores healed,
12 but the pain wouldn't go away. So that's extra pain
13 that I'm dealing with that makes my situation worse.
14 It made it terrible where I can't do anything for
15 myself. I used to cut grass. I used to do lawn work,
16 you know, for extra money. I can't do that anymore
17 because it's impossible for me to sit down on my butt
18 for a while. I have to have certain cushions now.
19 That's about all the surgery and the pain that I'm
20 going through.

21 Q And did they ever perform a surgery to take out
22 any of the metal that's in your back and your legs?

23 A Well, like I said, the only thing they took out
24 was some bullets out of my back. My leg, they had to
25 put a pipe down my hip, down my leg to hold it

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 7

1 together. It was split in half. There was nothing
2 taken out. It was mostly instruments put in my body to
3 keep everything sturdy. Another thing, I suffer from
4 depression because the authorities in the jail that's
5 supposed to be my peers, I was supposed to be able to
6 trust them. They're the law. I begged them to help
7 me. They ignored me. I was totally ignored. I
8 suffered. I was made fun of, suffered, humiliated.
9 Around over 30 people in one barracks. I was real
10 ashamed because I was smelling real bad. I couldn't
11 get help from the jail staff or nothing. I had to pay
12 the inmates all my commissary to change me every day.
13 I was humiliated and depressed. I had to see the
14 psychiatrist there because I was in disbelief. I
15 didn't understand while I was in their custody and I
16 couldn't get no help from them. And they knew, they
17 knew that I was suffering. They didn't want to touch
18 me. They thought I was too dirty for them, but I was
19 in custody. I didn't have no choice but to pay
20 inmates, so I laid there and just got worse and worse
21 and worse shape than that.

22 Q I understand.

23 A I had to put extra money on my book in order to
24 pay inmates to keep me clean, and that's a shame.
25 That's pitiful. I think about it every day. Every

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 8

1 time I think about it, I --

2 Q We'll get into your claims, Mr. Hall, certainly,
3 and I want to hear all about that. And if I don't ask
4 you the questions, then tell me to ask you about it,
5 okay?

6 A Yes.

7 Q But I'm going to continue with some other
8 questions that don't necessarily have to do with that,
9 okay?

10 A Okay.

11 Q We ended the deposition on Monday and we were
12 talking about bedsores on your buttocks. Do you
13 remember that?

14 A Yes.

15 Q And I had presented to you a record and it is from
16 the medical records, and I think that's Exhibit 3. No,
17 I apologize. What I had talked to you about was a Turn
18 Key record and it was page 301 from the Turn Key
19 records, which was Exhibit 4. We're not going to pull
20 that up again. Do you remember me asking you --

21 A Yes, I remember. I got to the house and I give it
22 some thought the last time I did complain about the
23 pressure sore. I think you are right. I complained
24 about one, but I don't think one formed at the time.
25 That was like in '18. I do remember complaining about

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 9

1 my butt was hurting in a chair that they had given me.
2 I think I was checked if I'm not mistaken. I was
3 checked. The skin didn't break at that time. At that
4 time, I didn't have instruments in my back. I was able
5 to maneuver to stay on my stomach to prevent them. I
6 think I remember I did complain about my butt was
7 hurting real bad in the chair. Made me some
8 adjustments. Of course, I was in a medical unit then.
9 But I didn't see no medical unit this time. I was
10 there 46 days in a work cell. I didn't even see a
11 medical unit. I suffered. Yeah. I think I do
12 remember that now. After I thought about it, I was
13 like yes, you're right. I did complain about my butt
14 was hurting, but the skin didn't break then.

15 Q And the record states that you stated you had
16 bedsores on your buttocks. Are you saying you don't
17 believe you actually had bedsores on your buttocks at
18 that time?

19 A It actually felt like it because it hurt so bad,
20 but I believe, if I'm not mistaken, that the nurses,
21 then they checked it. They checked it and I was told
22 that there was no breakage of my skin, but it was real
23 red. But it didn't break, so they didn't perform
24 anything. They just got me out of there is what they
25 did. But the second time I was totally ignored by the

Kristina Gray

Bushman Court Reporting

501-372-5115

0480e4ef-2b08-470d-b781-f8feff97c2dd

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 15

1 Q Okay. Let's move on to other issues that you deal
2 with due to your paraplegia. And we've discussed this
3 pretty thoroughly, but it's the urinary incontinence
4 and the bowel incontinence. Do you remember us talking
5 about that?

6 A I don't ever remember talking about bowel
7 incontinence, but I'm going to talk about that because
8 that's the true -- that's the main issue that I have.

9 Q Well, let's first talk about urinary incontinence.
10 So you have a catheter placed for that; is that
11 correct?

12 A Yes, ma'am.

13 Q And you also have bowel incontinence?

14 A Uh-huh.

15 Q And for the bowel incontinence, do you wear
16 diapers?

17 A I wear diapers for it, yes.

18 Q Say that again.

19 A If I did, I would have to wear a diaper. I would
20 get somebody to help me on the toilet, but I never know
21 when it's coming.

22 Q Understood. Mr. Hall, are you able to turn
23 yourself when you're in bed?

24 A No.

25 Q Can we go to from the medical exhibits, Exhibit 3,

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 17

1 A My spine is in messed up shape. I have
2 instruments in my spine.

3 Q Mr. Hall, wait for my question. My question is
4 this: Are you able to drive?

5 A Your question is getting my blood pressure up.

6 MR. GILLHAM: Hold on. Okay. We had
7 something covering you. Let's take a break
8 for a minute.

9 MS. DEPPER: Okay.

10 (WHEREUPON, after a break was taken, the
11 proceedings resumed as follows:)

12 BY MS. DEPPER:

13 Q We spoke about earlier the fact that you are
14 prescribed numerous medications for your physical and
15 mental health issues; is that right?

16 A Yes.

17 Q And I believe on Monday that you testified that
18 you consistently take those medications unless you are
19 in jail; is that correct?

20 A That's correct.

21 Q If we can go to page 231 of the current exhibit.
22 Mr. Hall, this is a medical record from UAMS, and it's
23 dated January 24th of 2019. And this is under the HPI
24 section, history of present illness. And it states in
25 the second paragraph, "The patient was supposed to

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 24

1 but the last time I was in jail I was not assigned to
2 that unit, no time whatsoever.

3 Q So this time you said you were placed in L unit;
4 is that correct?

5 A That's correct.

6 Q Describe your cell in L unit.

7 A The cell in L unit, it wasn't a cell. It was an
8 outside bunk.

9 Q Is it a barracks?

10 A Ma'am?

11 Q Is it like a barracks situation with lots of bunks
12 in one room?

13 A Yes. It's a barracks with closed doors, but my
14 bed was on the outside of all those doors. It was on
15 the outside of the short window goes to the police
16 station, to the guard station where the guard kept his
17 eyes on me, and I was close to the medical door and the
18 medical unit where they had hands-on when I needed
19 them. I stayed in the bed mostly then.

20 Q And at that time, did you have a
21 handicap-accessible shower?

22 A A who?

23 Q A handicap-accessible shower.

24 A Yes. That shower, it had an arm on it, but it was
25 in the front of the -- behind the shower itself. It

Kristina Gray

Bushman Court Reporting

501-372-5115

0480e4ef-2b08-470d-b781-f8feff97c2dd

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 25

1 wasn't fit for me. But I recall a nurse helped me
2 then. She helped me shower. Every time I took a
3 shower in the L unit, she came and showered me, yes.

4 Q Did a nurse help you change your diapers?

5 A Yes.

6 Q Did a nurse help you transfer from your bed to
7 your chair?

8 A Yes.

9 Q Did a nurse help you transfer from your chair to
10 the toilet?

11 A Yes.

12 Q Did a nurse -- it sounds like you've already
13 answered this, but did a nurse help you transfer from
14 your chair to take a shower?

15 A Yes. She stood in the shower with me outside the
16 water, but she was right behind me, yes. I remember
17 that in the L unit. That's the only time that I got
18 proper treatment.

19 Q If we can go to the next exhibit, which I think
20 will be Exhibit 7. And it will be the grievances that
21 you filed at Pulaski County.

22 (WHEREUPON, a document was marked for
23 identification as Exhibit No. 7.)

24 A The recently grievances?

25 Q Well, the recent ones are in here as well as one

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 34

1 THE WITNESS: Okay.

2 BY MS. DEPPER:

3 Q My question was, do you know why you were admitted
4 to Pulaski County on April 11th of 2019?

5 A Yes, ma'am. I went to court on that day. I went
6 to court on that day. I was supposed to have seen the
7 judge for -- I was already out on bond, but I went to
8 court for plea arraignment for the incident when I was
9 driving. I went for a preliminary hearing and they
10 locked me up that same day. I was out on bond already
11 and they took me to jail from the courts.

12 Q When you arrived to the court for your hearing,
13 were you in your electronic chair?

14 A No. I was in the regular chair that I borrowed
15 from the hospital, the same kind that the jail has.

16 Q Okay. That regular chair, did you say you had
17 borrowed that from the hospital?

18 A Yes. I borrowed it from Baptist.

19 Q Why did you go to court in a regular wheelchair
20 and not your electronic wheelchair?

21 A My electronic wheelchair weighs over 350 pounds.
22 It's impossible for me to put that chair inside of a
23 car. I had to have a lift van for that, which I don't
24 have, so my dad went to Baptist and we talked to the
25 administrator there and they let me borrow a chair, the

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 35

1 same kind the jail has.

2 Q So you went to court with that manual chair and
3 the judge ordered you to be detained; is that correct?

4 A That's correct.

5 Q And from court they took you to Pulaski County; is
6 that correct?

7 A That's correct.

8 Q Did you --

9 A Which I stayed 46 days.

10 Q I'm sorry. Would you say that again?

11 A I said for which I stayed for 46 days after that
12 date, yes.

13 Q Understood. When you were taken from court to
14 Pulaski County Jail, did you take that manual chair
15 with you?

16 A Yes, I did.

17 Q And when you arrived at Pulaski County with that
18 manual chair, did they take that manual chair from you?

19 A They did and put me in another one.

20 Q The one they put you in, was that identical to the
21 chair you arrived with?

22 A They put me in that chair because I didn't have
23 but one leg on it. One of my legs was dragging.

24 Q Say that again.

25 A One of my legs was dragging on it. I did one leg

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 36

1 on that chair so they swapped it out with me. It was
2 the same kind. I just had one leg on it.

3 Q But the previous chair, it sounds to me, had a
4 problem with it ultimately.

5 A It did.

6 Q Can you describe for me the wheelchair that
7 Pulaski County provided to you?

8 A The same kind.

9 Q And I think you've described that type of chair as
10 a leather or vinyl seat; is that right?

11 A Yes, ma'am.

12 Q Did it have any additional cushioning?

13 A No, none whatsoever.

14 Q Did you request additional cushioning?

15 A Every day.

16 Q Who did you request additional cushioning from?

17 A From the guards, and I wrote grievances. They
18 didn't allow me to have cushions. They didn't have it.
19 So I asked -- I did ask could I have a van to bring my
20 electric chair there. They said they're not going to
21 allow that to happen.

22 Q Did they tell you why they wouldn't allow that to
23 happen?

24 A They didn't tell me why.

25 Q Did you arrive at Pulaski County with any kind of

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 37

1 extra cushion?

2 A No.

3 Q You said that you told the guards you needed an
4 additional cushion. Did you ever tell the medical
5 professionals that you needed an additional cushion?

6 A Every day.

7 Q And that additional cushion that you described to
8 me on Monday that you originally had with the manual
9 chair, you described it as a prescription cushion that
10 could be aired up; is that correct?

11 A Yes, like a balloon. It prevents pressure sores.

12 Q When you were first admitted to Pulaski County on
13 April the 11th the 2019, what type of cell were you
14 placed into?

15 A Oh, wow. A terrible cell. I was in a hold, a
16 facility called the hold. It was a one-man cell, U
17 unit, with no arm rails, no nothing. I couldn't even
18 transfer.

19 Q And is the U unit the administrative segregation
20 unit to your knowledge?

21 A Yes, yes, exactly. That's the unit that I stayed
22 in.

23 Q And how long were you in that unit to your
24 knowledge?

25 A To my knowledge, about a week.

Kristina Gray

Bushman Court Reporting

501-372-5115

0480e4ef-2b08-470d-b781-f8feff97c2dd

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 39

1 Q Did it have a toilet?

2 A Yes, it had a toilet, but it was useless to me. I
3 can't get on it.

4 Q Did it have a sink?

5 A It did.

6 Q Were the sink and the toilet connected?

7 A No, they're not connected. They're right against
8 each other. Not connected, though.

9 Q And let's stick with that cell, U unit or the
10 administrative segregation. Can you describe for me
11 the showers that are available there?

12 A There were showers there, but they weren't in the
13 cell. The showers were on the outside of the cell, but
14 I couldn't get in the shower there if I wanted to.
15 They couldn't put me in the shower in there because you
16 had to go over a little step. You had to raise your
17 legs up, step over, and then get in it. They couldn't
18 get my wheelchair in there, so I couldn't take a shower
19 there.

20 Q So are you telling me that the entire time you
21 were in U unit you did not take a shower?

22 A No, not one time.

23 Q And you're telling me that shower was not
24 handicap-accessible?

25 A No, it wasn't. I smelled like a bear in there.

Kristina Gray

Bushman Court Reporting

501-372-5115

0480e4ef-2b08-470d-b781-f8feff97c2dd

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 40

1 Q So during your time in U unit, you said there was
2 one time that the nurses changed your diaper, but it
3 was only once; is that correct?

4 A Only one time, yes, ma'am.

5 Q Were you able at all to change your diaper?

6 A No.

7 Q So are you telling me today that you wore the same
8 diaper for approximately the entire --

9 A Three days.

10 Q Did you say three days?

11 A Yes.

12 Q Were you ever able to transfer and use the toilet
13 in U unit?

14 A No, not one time.

15 Q During your time in U unit, were you primarily on
16 the bed or primarily in your chair?

17 A Primarily on the bed.

18 Q And so later you were placed into another unit; is
19 that correct?

20 A That's correct after I left the hospital. They
21 wanted me to be around people in case if I fall, there
22 would be somebody there to help me, you know, open
23 barracks. That was work center. That was the W3 where
24 they had open bunk beds, no cells. They put me there
25 so if I do fall again or whatever, there will be

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 44

1 I had to seek mental health behind it. I wanted to
2 take my own life in there.

3 Q And so Mr. Hall, the diapers were for your bowel
4 incontinence; is that correct?

5 A Yes, ma'am.

6 Q And the urinary incontinence you dealt with
7 through a catheter, right?

8 A Yes, yes. I have a suprapubic catheter and it was
9 due to be changed. I get changed once a month, once to
10 two times a month. And after the fall, I had an
11 infection coming out of my navel. The infection was so
12 -- it smelled like a spoiled odor from the fissures on
13 my bed and in my navel. Pus was coming out of both my
14 buttocks and my navel. So they took me to the hospital
15 again to get it changed, get my bag changed. And I
16 started breaking out because they gave me a silicone
17 catheter, which I'm allergic to. That's the only
18 catheter that they had. I started breaking out around
19 the insert area where the catheter goes in.

20 Q And Mr. Hall, I want to make sure that I
21 understand. Can you explain to me how that catheter
22 works? So it collects urine in a bag; is that correct?

23 A Yes. I can explain it to you vividly. There's a
24 hole up under my navel where they surgically got the
25 bag, got a cord going in a hole up under my navel where

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 45

1 they'll insert the cord and they'll blow it up with
2 water out of a syringe. Make a bubble inside of my
3 stomach where it won't come out. That's how it stays
4 in there. It automatic drains the urine out of my
5 bladder into the bag. When the bag get full, I empty
6 it. It goes on in a cycle.

7 Q Did you have any issues with emptying your bag?

8 A No, no. Emptying my bag was very easy because it
9 was in front of me. I can do that. I just have
10 problems with turning around my backside. I can only
11 reach so far without being uncomfortable with it. The
12 tools that's in my back, they don't allow me to do so
13 much, turn around so much.

14 Q I understand. And what I want to do is I have
15 records from Pulaski County and Turn Key regarding
16 instances of things that occurred while you were there,
17 and I want to go kind of through time and review those
18 documents, and I have some questions for you with
19 respect to those documents, okay?

20 A Yes, ma'am.

21 Q So the first is a document from April 12th of
22 2019, and this is in the Pulaski County records. I
23 think that's Exhibit 6. It's page 269. Mr. Hall, this
24 is, like I said, a Pulaski County record and it
25 contains an incident report, and I want to ask you

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 49

1 A No, I didn't.

2 Q Are you telling me you never received an extra
3 mat?

4 A I received it, yes, eventually, but not on that
5 day.

6 Q Do you remember around what day you received an
7 extra mat?

8 A Yes. About two weeks after I was locked up.

9 Q Let's go to page 327 of that same exhibit, and
10 we're moving forward in time, Mr. Hall. And what we're
11 looking at is a medical inmate request form. Do you
12 see that on the screen?

13 A Yes, ma'am, I see it.

14 Q And I think this goes to what we talked about
15 earlier. You did not want to be in U unit. And I'll
16 read it. It says, "I need to speak with classification
17 ASAP. I'm in U unit with no disciplinaries. May I
18 please be put in" -- I think that's "W1 or W3?"

19 A W1 or W3, yes.

20 Q "I can't take a shower in this unit. It's not
21 right. That's where I was at the last time I was here
22 where I can move around." And so you were requesting
23 to be put into the W unit; is that correct?

24 A Yes, because I was told that I couldn't go to L
25 unit because they were so crowded they didn't have no

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 51

1 Q That's okay. I'm just trying to narrow it down.

2 Okay. We'll move on to a Turn Key record, Bates
3 number 311 to 312. Mr. Hall, again, this is a Turn Key
4 record, the medical care at the Pulaski County Jail.
5 You notice towards the bottom it appears that they were
6 reviewing your medical issues and you see where it
7 notes they checked your skin and it says, "skin, no
8 rash; skin, no lesions; and skin, no ecchymosis." This
9 is on April 15th of 2019. Do you see that?

10 A I see it.

11 Q Do you believe at this time during your
12 incarceration at Pulaski County that you had any
13 bedsores?

14 A Oh, no, I didn't because I was checked. I didn't.
15 That occurred over the time I was in there like two
16 weeks prior.

17 Q Would you say that again?

18 A Not prior. Two weeks after I was there.

19 Q You're saying that two weeks after you were there,
20 that's when you developed bedsores?

21 A Yes. That's when I started noticing pus and odor
22 coming from my bottom. And it wasn't no fissures
23 either. It was an infection. My fellow inmates that
24 was helping me change, DeMarcus, he's the one that
25 noticed that. "Man, you've got blood and pus on your

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 54

1 did. They cleaned it up real good and changed it.

2 Q And then you were discharged from UAMS around
3 February 18th of 2019; does that sound correct?

4 A No, it don't. February?

5 Q I'm sorry. Did I say February? I meant April.
6 April 18th of 2019.

7 A That sounds correct, yes.

8 Q So let's go to Turn Key records, page 307. And
9 Mr. Hall, if we go to the bottom of that page, this is
10 your intake medical screening when you came back to
11 Pulaski County on April 18th of 2019. If you look at
12 that record, it says it recommends a lower bunk on a
13 lower level. Do you see that?

14 A Yes.

15 Q And Mr. Hall, is this the time where you went from
16 you were no longer in U unit and they put you into W
17 unit; is that correct?

18 A That's correct.

19 Q And were you on a lower bunk?

20 A Yes, ma'am.

21 Q Were you on the lower level of that unit?

22 A There's only one level of that unit, yes.

23 Q Let's go to page 328 of that same exhibit. And
24 Mr. Hall, this is one of your sick call requests to
25 Turn Key, to the medical professionals, and it states

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 55

1 -- well, it's dated, first, 4/18 of 2019, so the date
2 you arrived back at Pulaski County. It says, "Terrible
3 lower back pain and spasms. Lower back down to my feet
4 makes it impossible to relax or sleep. I need to see
5 the doctor ASAP. Please help me."

6 And in the response at the bottom of that, we see
7 that it's checked the box for scheduled for sick call
8 and scheduled for provider clinic. Do you see that?

9 A Yes, ma'am.

10 Q And then if we can go to page 317 of that same
11 exhibit. Mr. Hall, these are more records from Turn
12 Key. If you go to the bottom of page 317, it says,
13 "appointment schedule date 4/20/2019." States that it
14 was a sick call. And it states at the bottom of that,
15 "Inmate refused to sign, refused protocol, only wanted
16 pain meds." Did you refuse to see the provider?

17 A Yes. They was trying to do something else. They
18 gave me another doctor that was not even trying to help
19 me, wasn't even trying to treat me for what I was asked
20 to be seen for, so I didn't sign a paper because it was
21 going to take \$5 out of my account for something they
22 didn't -- for a job that they didn't even complete.
23 They didn't even see me. They took my blood pressure,
24 and that was it. They didn't even check me, so I
25 didn't sign. That's correct. I remember that.

Kristina Gray

Bushman Court Reporting

501-372-5115

0480e4ef-2b08-470d-b781-f8feff97c2dd

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 70

1 wasn't -- they didn't even look for none on my bottom.

2 I don't want nobody looking at my bottom but

3 St. Vincent when I get up out of there when they took

4 pictures of my sores.

5 Q Did UAMS help you with your diapers?

6 A Ma'am?

7 Q Did UAMS help you with your diapers when you were

8 there?

9 A Did UAMS help me with my diapers when I was there
10 for four days? Yeah, they did.

11 Q We can go to page 248 of the medical records. And
12 this is, again, from the same time period when you were
13 at UAMS the second time and we see the diagnoses, and
14 it diagnoses you with chest pain, chronic neuropathic
15 pain, and lower extremity edema. Do you see that?

16 A Yes, ma'am.

17 Q Is there any diagnosis of any bedsores?

18 A No.

19 Q We can go to the grievance exhibit, 285 to 286.

20 And Mr. Hall, this is a grievance, and it's hard to
21 read, but I believe it's dated May 10th of 2019. And
22 I'll describe it and tell me if it's correct. I think
23 the main complaint that you have here is you're saying
24 your second mat was taken away.

25 A Yes. They eventually gave me a second mat

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 71

1 after -- the third week I was there they officially
2 gave me a mat, the third week I was there. And the
3 next day they gave it to me, a black guard came and
4 snatched it out from under me.

5 Q The day after you got it?

6 A The next day after I got it. I got it like May
7 the 1st, something like that, May the 1st or the 2nd.

8 Q And May 10th you're saying they took it away from
9 you; is that right?

10 A No. I had it for a day or two. I just got it
11 when that -- I had it for about a day or two. I'm not
12 accurate with it, but I know it's about a day or two.
13 I know I just got it when that guard came and snatched
14 my mat out from under me. He said, "You don't have no
15 business with no two mattresses." And I told him that
16 the nurses said that I needed a second mattress. He
17 took it. Like two days later I got it back. The next
18 guard came and gave me my second mattress back.

19 Q Understood. So let's move on. That grievance was
20 dated May 10th of 2019. I want to move forward in time
21 to May 12th of 2019. This is a grievance filed, page
22 287 to 288.

23 A I only got a chance to enjoy the second mattress
24 just for two weeks. After that, I was gone. After
25 that, I had to hire a lawyer for the lawyer to talk to

Kristina Gray

Bushman Court Reporting

501-372-5115

0480e4ef-2b08-470d-b781-f8feff97c2dd

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 72

1 the judge to make him release me, and they did.

2 Q Mr. Hall, I'm showing you a grievance, and this
3 grievance is dated May 12th of 2019. And it appears
4 that you are grieving an issue of changing or cleaning
5 yourself and also transferring from your chair to the
6 shower chair. Is that an accurate description?

7 A It said I don't have any help changing or cleaning
8 myself and the showers. Yeah, that's accurate. Yes,
9 that's accurate. I didn't get no help until I had to
10 pay other inmates. They wasn't helping me.

11 Q If we can go to the next page, page 288. And this
12 is the response to your grievance and it said Sergeant
13 Mussadiq came to your unit and listened to your
14 concerns. He got you another shower chair for the
15 handicapped shower that is taller that makes it a lot
16 easier for you to go from your wheelchair to the shower
17 chair.

18 A Yeah, he did. He got me another wheelchair after
19 I fell. I mean, not another wheelchair. He gave me
20 another shower chair after I fell. Sure did. He got
21 me another one.

22 Q It said he watched as you tried it out and stated
23 that it worked well.

24 A They had stood around me. Took me about five
25 minutes to get in the chair. I finally fit in the

Kristina Gray

Bushman Court Reporting

501-372-5115

0480e4ef-2b08-470d-b781-f8feff97c2dd

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 73

1 chair. I fell inside the chair and it worked well. It
2 did. I was able to hold my hand on both sides because
3 the first shower chair didn't even have no rails on it.
4 It had one rail. But that one had two rails and I was
5 able to hold my hand on both sides and stabilize
6 myself. It worked well. Yes, it did.

7 Q This also stated if you have any problems with
8 showering or just daily tasks, please let the deputy
9 know so medical can be notified and they will assist
10 you. Do you see that?

11 A I see that, but they didn't assist me. Guards
12 assist me -- I mean, inmates assist me. There wasn't
13 no guard going to get in the shower with no inmate.
14 Their pride is too over the head. Other inmates had to
15 do it.

16 Q Understood. And are you saying that it was on
17 that date on May 12th of 2019 that you fell in the
18 shower?

19 A I fell in the shower before they came in and
20 changed the chair out. That's what made them come in
21 and change the chair out. I think it was on the 13th
22 of May, around that time, because I remember talking to
23 my wife before her birthday. It was around 13th of May
24 because I had written the grievances out about when I
25 fell. When I fell trying to transfer into the shower,

Kristina Gray

Bushman Court Reporting

501-372-5115

0480e4ef-2b08-470d-b781-f8feff97c2dd

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 97

1 increased that and so much put it under control now as
2 far as my manic-depression.

3 Q Any other mental pain and suffering that you
4 attribute to what happened at Pulaski County?

5 MR. GILLHAM: Objection to form.

6 Go ahead.

7 A Just the thought about it because every time I
8 think about what I went through, it triggers thoughts
9 and I get mad, yes, because I don't like to think about
10 that because it was a bad experience, one of the worst
11 experiences I ever had in a jail. I never went through
12 nothing like that, ever.

13 BY MS. DEPPER:

14 Q Mr. Hall, we've talked about a number of
15 experiences that you've had in your life and would you
16 agree with me that you've had a number of traumatic
17 experiences; is that accurate?

18 A Yes, traumatic, I have, but not from authority.
19 My peers I'm supposed to look up to and supposed to
20 trust. They're supposed to have my back while I'm in
21 their custody, so give me an equal amount of treatment.
22 I was disappointed. I was let down by the system.
23 That hurts more than anything.

24 Q You would agree with me that you've been diagnosed
25 with depression since approximately 1997?

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 98

1 A I've been diagnosed with it. And the experience
2 that I had in the County triggered it back because I
3 was getting along just fine until the incident. It
4 triggered everything back. I had a setback, mental
5 setback behind my stay in the county jail. That was
6 the first time in years I had to go back and see
7 another psychiatrist.

8 Q If we can go to the medical records, page 250.

9 MR. GILLHAM: Hold on. You're in pain?

10 THE WITNESS: Yes, yes, shooting pain.

11 MR. GILLHAM: If you don't mind, let's
12 see what's going on with him real quick.

13 MS. DEPPER: Lucien, I probably only
14 have about 15 minutes left so just to give
15 you a heads up.

16 MR. GILLHAM: Okay. Thanks. We'll give
17 him a break to kind of do things and then
18 we'll come back and finish up.

19 (WHEREUPON, after a break was taken, the
20 proceedings resumed as follows:)

21 BY MS. DEPPER:

22 Q Okay, Mr. Hall, I was referring to page 250 of the
23 medical records and this is a UAMS record dated
24 August 7th of 2019. And I want to direct your
25 attention to chief complaint and the paragraph under

Kristina Gray

Bushman Court Reporting

501-372-5115

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 110

1 Q What about from guards or nurses?

2 A No, not at all.

3 Q Now, one thing that I was seeing here is they were
4 saying that you should -- when you needed help with
5 like --

6 A Eventually the inmates started helping me.

7 Q And one thing I was seeing was there's something
8 along the lines of if you needed help from medical on
9 like changing yourself or things like that --

10 A They wouldn't do it. They said it wasn't their
11 job.

12 Q And not only that, but are you right there with
13 medical?

14 A I wasn't nowhere near medical.

15 Q How many times a day do you need to change a urine
16 bag?

17 A A urine bag, probably once every other day. Not
18 change it, but empty it.

19 Q Was it easy to get down to medical to get that
20 done?

21 A I couldn't get it done unless they came and got
22 me.

23 Q And did they schedule anything like that where
24 they would just come get you every day or every other
25 day to do that?

Kristina Gray

Bushman Court Reporting

501-372-5115

0480e4ef-2b08-470d-b781-f8feff97c2dd

Carlos Hall, Sr., Vol. 2 1/27/2021 Carlos Hall, Sr. v. Eric S. Higgins

Page 114

1 CERTIFICATE

2 STATE OF ARKANSAS)

3) ss

4 COUNTY OF PULASKI)

5 I, Kristina R. Gray, Arkansas Certified Court
 6 Reporter #725, do hereby certify that the facts stated
 7 by me in the caption on the foregoing proceedings are
 8 true; and that the foregoing proceedings were reported
 9 verbatim through the use of the voice-writing method
 10 and thereafter transcribed by me or under my direct
 11 supervision to the best of my ability, taken at the
 12 time and place set out on the caption hereto.

13 I FURTHER CERTIFY that in accordance with Rule
 14 30(e) of the Rules of Civil Procedure, review of the
 15 transcript was not requested.

16 I FURTHER CERTIFY that I am not a relative or
 17 employee of any attorney or employed by the parties
 18 hereto, nor financially interested, or otherwise, in
 19 the outcome of this action, and that I have no contract
 20 with the parties, attorneys, or persons with an
 21 interest in the action that affects or has a
 22 substantial tendency to affect impartiality, that
 23 requires me to relinquish control of an original
 24 deposition transcript or copies of the transcript
 25 before it is certified and delivered to the custodial
 attorney, or that requires me to provide any service
 not made available to all parties to the action.

17 WITNESS MY HAND AND SEAL this 1st day of February,
 18 2021.

19 _____
 20 Kristina R. Gray
 21 Arkansas State Supreme Court
 22 Certified Court Reporter #725
 23
 24
 25

Kristina Gray

Bushman Court Reporting

501-372-5115

From: Allegiance Hospital

15019857095

08/17/2018 12:56

#333 P.004/005

Home Health Certification and Plan of Care
Hall, Carlos C

Certification Period From: 08/14/2018 To: 10/12/2018

3 of 4

Orders and Treatments

SN: SOC 08-14-18 then 1w1; 3w1; 1w7, .
Other pertinent Diagnoses: N31.9 Neurogenic Bladder, Z96.0 presence of suprapubic catheter, G82.2 Paraplegia, S34.10 spinal cord injury, X95.9XXS Assault by firearm, F14.10 Cocaine Abuse
May take orders from Dr. Matthew Burns
Pt admitted to HH after inpt stay at UAMS. Pt had been in UAMS 07-25-18 to 07-31-18 where he underwent lumbar laminectomy on 07-25-18 but left AMA on 07-31-18. Pt returned to UAMS ER on 08-05-18 with fever/chills and was admitted, treated for MRSA, osteomyelitis /discitis of L4-L5 with epidural abscess (incompletely treated due to non-compliance with antibiotic). Pt was dc home on 08-10-18 with IV antibiotics. PMH of; Paraplegia r/t GSW in 2012, arthritis of elbow, neurogenic bladder with suprapubic cath., HTN, schizophrenia and substance abuse, pt has unstageable pressure ulcer to right lower buttocks. SN will see for wd care, IV infusions (teach cg to do), wkly PICC site care and labs. Pt lives with other family members in home and has pd cg in home 3 hrs a day M-F, pt stated someone is always with him. . Pt requires max assist to transfer into wc but is able to wheel self independently once in wc. Informed pt of POC, Dc plans, homebound requirement, agency 24/7 phone number, pt's rights and responsibilities, privacy rights and reviewed disaster information. Pt stated understanding of all information and agreed with plans. Pt did not have any ID with him, stated his wife had all his ID and she was at work. Pt's ID verified per address and name on Rx bottles/IV bags.

Assessment of patient with Osteomyelitis of vertebra, thoracic region, Methicillin resis staph infect causing diseases classd elswhr, Pressure ulcer of right buttock, unstageable, Other chronic pain Encounter for adjustment and management of VAD, Encounter for therapeutic drug level monitoring, Long term (current) use of antibiotics, Essential (primary) hypertension, Schizophrenia, unspecified.

Is the Patient DNR (Do Not Resuscitate)? No.

Homebound Status: Other - MD ordered r/t risk of infection, Requires max assistance/taxing effort to leave home, Residual weakness.

Notify physician of: Temperature greater than (>) 100.0 or less than (<) .

Pulse greater than (>) 120 or less than (<) 50.

Respirations greater than (>) 32 or less than (<) 12.

Systolic BP greater than (>) 180 or less than (<) 85.

Diastolic BP greater than (>) 90 or less than (<) 50.

O2 Sat less than (<) 90%.

SN to assess pain level and effectiveness of pain medications and current pain management therapy every visit.

SN to instruct patient to take pain medication before pain becomes severe to achieve better pain control.

SN to instruct patient on nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, and/or hot/cold packs.

SN to instruct Patient/Caregiver on turning/repositioning every 2 hours.

SN to instruct the Patient/Caregiver to float heels .

SN to instruct the Patient/Caregiver on methods to reduce friction and shear.

SN to instruct the Patient/Caregiver to pad all bony prominences.

SN to instruct Patient/Caregiver on wound care as follows:

Wd care to start at next SNV; wd care to unstageable pressure ulcer to right lower buttocks; Clean wd and peri wd with NS, pat dry, apply Calcium Alginate with silver to wd bed, cover with foam drsg, change 3 times a week starting wk of 08-20-18, and PRN soiled of dislodged. May instruct cg to do at non SN times

Dc wd care and supplies when wd healed.

SN to assess for s/sx of infection (LPN to monitor)

SN to instruct patient on s/sx of infection to report to SN/MD.

SN to instruct the Patient/Caregiver on signs/symptoms of UTI to report to MD/SN. SN may obtain urinalysis and urine culture & sensitivity (C&S) test as needed for signs/symptoms of UTI, to include pain, foul odor, cloudy or blood-tinged urine and fever.

SN to monitor for s/s of increasing depression and report to MD if present SN to instruct patient to change positions slowly.

Instruct to keep wc locked when transferring.

SN to instruct the Patient/Caregiver on signs and symptoms of infection and infiltration.

SN to assess for response/compliance of medications. (LPN to monitor)

SN to instruct patient on medications action, doses, side effects, and interactions to report to SN/MD.

Instruct pt/cg to infuse IV vancomycin 1.5 gms in 250 ml NS BID , to infuse over 90 mins per PICC line



BAPTIST HEALTH MEDICAL CENTER-LITTLE ROCK

NAME: CARLOS C HALL
 MRN : 00097610
 CSN : 64977839
 ADM DATE: 03-03-2017
 DIS DATE:
 TYPE: Epic ED Provider Notes

ATT PHY: C. WAYNE LYLE
 SEX: M RACE: Black
 DOB: [REDACTED]
 DICTATED: 03-03-2017 17:09
 DICT PHY: C. WAYNE LYLE

History

Chief Complaint
 Patient presents with
 Other

HPI Comments: 43 y.o. B/M presen to ER via MEMS transfer from home with c/o painful sores diffusely to buttocks. Pt states he is concerned that he has bed sores. Pt states that symptoms have persisted x 1 week. Pt also c/o lower extremity swelling. Pt reports hx of paraplegia and diabetes. Pt states that "he does have feeling in lower extremities." Pt denies fever, abscess or other associated symptoms. Pt denies hx of previous similar episodes. PCP: Dr. Senthil Raghavan

Patient is a 43 y.o. male presenting with general illness.

Illness
 Location: Buttocks, diffusely
 Quality: Sores
 Severity: Moderate
 Duration: 1 week
 Timing: Constant
 Progression: Unchanged
 Chronicity: New
 Worsened by: Nothing
 Ineffective treatments: Nothing tried
 Associated symptoms: no fever and no rash
 Associated symptoms comment: Lower extremity swelling
 Risk factors: Hx paraplegia

Past Medical History

Diagnosis Date
 Bipolar 1 disorder
 Chronic back pain
 Depression
 Healing gunshot wound (GSW) 2012
 1 bullet in spine and 1 in pelvis
 Hypertension
 Neuropathy
 Paraplegia following spinal cord injury
 Phimosi 9/14/2015
 Schizophrenia

Past Surgical History

MEDICAL RECORDS AFFIDAVIT

STATE OF Kansas)
) SS:
COUNTY OF Johnson)

Before me, the undersigned authority, personally appeared Quincy Phillips who, being by me duly sworn, deposed as follows:

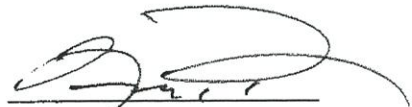
My name is Quincy Phillips a Business Associate of ARcare.

I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

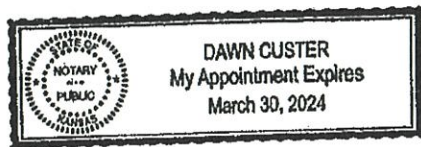
I am a custodian of records of Carlos Hall.


Attached hereto are 770 pages of records from our facility.

These 770 pages of records are kept by ARcare in the regular course of business, and it was the regular course of business for an employee or representative of our facility, with knowledge of the act, event, condition, opinion, or diagnosis recorded, to make the records or to transmit information thereof to be included in such records; and the records were made at or near the time of the act, event, condition, opinion or diagnosis. The records attached hereto are the original or exact duplicates of the original.


Affiant, Copy Service

Subscribed and sworn to before me this 14th day of July, 2020.




Notary Public

IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
CENTRAL DIVISION

CARLOS HALL, SR.

PLAINTIFF

V.

CASE NO. 4:21CV00106 BSM

ERIC S. HIGGINS

DEFENDANT

AFFIDAVIT OF BERTHA LOWE

Comes the Affiant, Bertha Lowe, having been duly sworn and states the following while under oath:

1. My name is Bertha Lowe. I am of legal age and competent to testify to matters in this affidavit.

2. I am employed by Turn Key Health as the Health Services Administrator and Medical Records Supervisor at the Pulaski County Regional Detention Facility ("PCRDF"). Prior to that, I was the Administrative Assistant and Medical Records Supervisor at PCRDF.

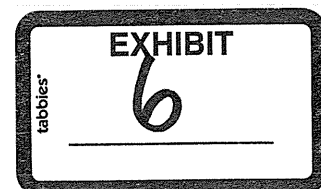
3. In my capacity as Health Services Administrator, Medical Records Supervisor, and former Administrative Assistant, I am responsible for maintaining the medical records of detainees at PCRDF, including the medical records of Plaintiff, Carlos Hall, Sr. ("Hall"). True and accurate copies of those records are kept in the regular course of Turn Key Health business.

4. I am familiar with Turn Key policies. True and accurate copies of those policies are kept in the regular course of Turn Key Health business.

5. As the medical provider at the PCRDF, Turn Key has policy and practices in place to obtain and dispense medication.

6. A true and correct copy of portions of Hall's Turn Key Health medical file is attached hereto as **Exhibit 6-A**.

7. A true and correct copy of Hall's April 14, 2019 Medical Inmate Request Form is attached hereto as **Exhibit 6-B**.



8. A true and correct copy of Hall's April 18, 2019 Sick Call Request is attached hereto as **Exhibit 6-C**.

9. A true and correct copy of Hall's April 21, 2019 Sick Call Request is attached hereto as **Exhibit 6-D**.

10. A true and correct copy of Hall's April 22, 2019 Sick Call Request is attached hereto as **Exhibit 6-E**.

11. A true and correct copy of Hall's April 23, 2019 Sick Call Request is attached hereto as **Exhibit 6-F**.

12. A true and correct copy of Hall's April 23, 2019 Waiver of Treatment/Evaluation Form is attached hereto as **Exhibit 6-G**.

13. A true and correct copy of Hall's April 24, 2019 Sick Call Requests are attached hereto as **Exhibit 6-H** and **Exhibit 6-I**.

14. A true and correct copy of Hall's April 29, 2019 Waiver of Treatment/Evaluation Form is attached hereto as **Exhibit 6-J**.

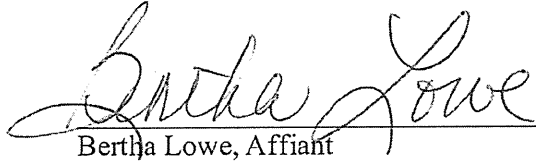
15. A true and correct copy of Hall's May 1, 2019 Sick Call Request is attached hereto as **Exhibit 6-K**.

16. A true and correct copy of Hall's May 2, 2019 Waivers of Treatment/Evaluation Forms are attached hereto as **Exhibit 6-L** and **Exhibit 6-M**.

17. A true and correct copy of Hall's May 9, 2019 Sick Call Requests are attached hereto as **Exhibit 6-N**.

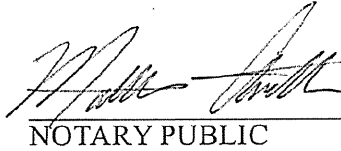
18. A true and correct copy of Hall's May 18, 2019 Sick Call Request is attached hereto as **Exhibit 6-O**.

FURTHER, AFFIANT SAYETH NOT.


Bertha Lowe, Affiant

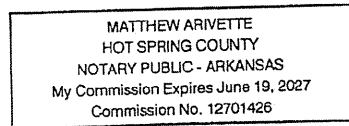
VERIFICATION

SUBSCRIBED AND SWORN TO before me, a Notary Public, on this 28th day of April, 2022.


NOTARY PUBLIC

My Commission Expires:

6-19-2027





5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	CONSIDER FOR ISOLATION AND URGENT NOTIFICATION OF ID COORDINATOR IF:	N/A	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	SCHEDULE CHEST X-RAY IF:	N/A	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	ADDITIONAL DISPOSITIONS:	No indication requiring immediate PPD, schedule routine PPD	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Medical Classification Communication / Relocation Form	Type of Altercation	Returned from hospital	Pickard, Kim	04-18-2019 5:19 pm
5865-19*1	Medical Classification Communication / Relocation Form	Assessment outcomes	Medically cleared to remain in unit	Pickard, Kim	04-18-2019 5:19 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Allergies	risperadal, zyprexa	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Vitals	Reported by Stowe, LPN	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Appearance	No Distress	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient scheduled for appointment with Provider:	Routine HCP	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient instructed on:	Nutrition and fluids	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient instructed on:	S/S of infection	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient instructed on:	Follow-up sick call if no improvement	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient instructed on:	Patient verbalizes understanding	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Medical Classification Communication / Relocation Form	Type of Altercation	assessed by medical nurses Thompson and Harris	Weatherly, Hannah	04-21-2019 10:55 pm
5865-19*1	Medical Classification Communication / Relocation Form	Assessment outcomes	Medically cleared to remain in unit	Weatherly, Hannah	04-21-2019 10:55 pm
5865-19*1	Medical Classification Communication / Relocation Form	Type of Altercation	Called to assess IM	Weatherly, Hannah	04-23-2019 9:51 pm
5865-19*1	Medical Classification Communication / Relocation Form	Assessment outcomes	Medically cleared to remain in unit	Weatherly, Hannah	04-23-2019 9:51 pm

EXHIBIT 6-A - P. 1

5865-19*1	Medical Classification Communication / Relocation Form	Housing Accommodations:	Other (Specify) (extra mat)	Weatherly, Hannah	04-23-2019 11:44 pm
5865-19*1	Mental Health - Mental Health Professional Note	Current Housing Status	General Population	Jackson, LeToree	04-24-2019 8:42 am
5865-19*1	Mental Health - Mental Health Professional Note	Reason For Mental Health Encounter	Medical Staff Request	Jackson, LeToree	04-24-2019 8:42 am
5865-19*1	Mental Health - Mental Health Professional Note	Patient's Report of Current Functioning	IM refused to speak with MHP stating, "The only mental health I want to talk to is the doctor." IM was reminded of how to access MH services should the need arise.	Jackson, LeToree	04-24-2019 8:42 am
5865-19*1	Mental Health - Mental Health Professional Note	Current Medications	SULFA/TRIMETH 800/160 DS 800/160MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; AMLODIPINE 10MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; ARIPIPRAZOLE 2MG 2MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH ONCE DAILY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS SULFATE 325(65)MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;	Jackson, LeToree	04-24-2019 8:42 am
5865-19*1	Mental Health - Mental Health Professional Note	Appearance (check all that apply)	Appropriately Attired	Jackson, LeToree	04-24-2019 8:43 am
5865-19*1	Mental Health - Mental Health Professional Note	Appearance (check all that apply)	Disheveled	Jackson, LeToree	04-24-2019 8:43 am
5865-19*1	Mental Health - Mental Health Professional Note	Behavior (check all that apply)	Psychomotor agitation	Jackson, LeToree	04-24-2019 8:43 am
5865-19*1	Mental Health - Mental Health Professional Note	Alert	Yes	Jackson, LeToree	04-24-2019 8:43 am
5865-19*1	Mental Health - Mental Health Professional Note	Participation	Refused	Jackson, LeToree	04-24-2019 8:43 am
5865-19*1	Mental Health - Mental Health Professional Note	Follow-up:	Patient instructed to submit request for follow-up as needed	Jackson, LeToree	04-24-2019 8:43 am
5865-19*1	Mental Health - Mental Health Professional Note	Patient educated on how to request follow-up services.	Yes	Jackson, LeToree	04-24-2019 8:43 am
5865-19*1	Mental Health - Mental Health Professional Note	Current Housing Status	General Population	Jackson, LeToree	04-27-2019 9:07 am
5865-19*1	Mental Health - Mental Health Professional Note	Reason For Mental Health Encounter	Patient Request	Jackson, LeToree	04-27-2019 9:07 am
5865-19*1	Mental Health - Mental Health Professional Note	Patient's Report of Current Functioning	IM submitted a sick call form stating he "can't sleep." MHP went to the unit at 0554. IM refused to get up and told the unit deputy that MHP can come to his bunk. MHP advised the unit deputy if he will not come to the floor the MHP is not going to his bunk. IM can submitted another sick call request.	Jackson, LeToree	04-27-2019 9:07 am
5865-19*1	Mental Health - Mental Health Professional Note	Current Medications	Neurontin 800MG TA BID; Directions: 1 Tablet [PO] By Mouth BID ; METOPROLOL TARTRATE 25MG 25MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; DOXYCYCLINE 100MG CAP 100MG CA BID; Directions: TAKE 1 CAPSULE BY MOUTH	Jackson, LeToree	04-27-2019 9:07 am

EXHIBIT 6-A - P. 2

			TWICE A DAY; NAPROXEN 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; METHOCARBAMOL 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; AMLODIPINE 10MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH EVERY MORNING; SULFA/TRIMETH 800/160 DS 800/160MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; ARIPIRAZOLE 2MG 2MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH ONCE DAILY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS SULFATE 325(65)MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;		
5865-19*1	Mental Health - Mental Health Professional Note	Participation	Refused	Jackson, LeToree	04-27-2019 9:07 am
5865-19*1	Mental Health - Mental Health Professional Note	Follow-up:	Patient instructed to submit request for follow-up as needed	Jackson, LeToree	04-27-2019 9:07 am
5865-19*1	Mental Health - Mental Health Professional Note	Patient educated on how to request follow-up services.	Yes	Jackson, LeToree	04-27-2019 9:07 am
5865-19*1	Mental Health - Mental Health Professional Note	Current Housing Status	General Population	Jackson, LeToree	04-30-2019 1:49 pm
5865-19*1	Mental Health - Mental Health Professional Note	Reason For Mental Health Encounter	Medical Staff Request	Jackson, LeToree	04-30-2019 1:49 pm
5865-19*1	Mental Health - Mental Health Professional Note	Patient's Report of Current Functioning	IM was tasked to be seen by MH staff to discuss anxiety concerns. The IM is housed in unit W3. MHP requested for the IM to come discuss his MH concerns. The IM told the deputy he "is in a wheelchair and his back hurts, I can come to his bunk". MHP advised the unit deputy the MHP will not go to his sleeping quarter to discuss confidential matters. IM can submitted another sick call.	Jackson, LeToree	04-30-2019 1:50 pm
5865-19*1	Mental Health - Mental Health Professional Note	Current Medications	Neurontin 800MG TA BID; Directions: 1 Tablet [PO] By Mouth BID ; METOPROLOL TARTRATE 25MG 25MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; DOXYCYCLINE 100MG CAP 100MG CA BID; Directions: TAKE 1 CAPSULE BY MOUTH TWICE A DAY; NAPROXEN 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; METHOCARBAMOL 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; AMLODIPINE 10MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH EVERY MORNING; ARIPIRAZOLE 2MG 2MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH ONCE DAILY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS SULFATE 325(65)MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;	Jackson, LeToree	04-30-2019 1:49 pm
5865-19*1	Mental Health - Mental Health Professional Note	Participation	Refused	Jackson, LeToree	04-30-2019 1:49 pm
5865-19*1	Mental Health - Mental Health Professional Note	Follow-up:	Patient instructed to submit request for follow-up as needed	Jackson, LeToree	04-30-2019 1:49 pm
			Yes		

5865-19*1	Mental Health - Mental Health Professional Note	Patient educated on how to request follow-up services.		Jackson, LeToree	04-30-2019 1:49 pm
5865-19*1	History and Physical	Patient Vitals Note peak flow if indicated (i.e. Asthma)	APRN Roberts, Kendra (04/15/2019 1242)	Hopton, Angela	05-01-2019 11:16 am
5865-19*1	History and Physical	Allergies	risperadal, zyprexa	Hopton, Angela	05-01-2019 11:16 am
5865-19*1	History and Physical	Current Medications	Neurontin 800MG TA BID; Directions: 1 Tablet [PO] By Mouth BID ; METOPROLOL TARTRATE 25MG 25MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; DOXYCYCLINE 100MG CAP 100MG CA BID; Directions: TAKE 1 CAPSULE BY MOUTH TWICE A DAY; NAPROXEN 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; METHOCARBAMOL 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; AMLODIPINE 10MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH EVERY MORNING; ARIPIRAZOLE 2MG 2MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH ONCE DAILY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS SULFATE 325(65)MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;	Hopton, Angela	05-01-2019 11:16 am
5865-19*1	History and Physical	Follow-up / Referral required:	Follow-up PRN: Instructed on Sick Call Process	Hopton, Angela	05-01-2019 11:16 am
5865-19*1	History and Physical	Printed or Verbal Education Provided: Please note any verbal education provided	How to access care	Hopton, Angela	05-01-2019 11:16 am
5865-19*1	Tuberculosis Skin Test - Plant	Location of TST Plant	RFA	Hopton, Angela	05-01-2019 11:17 am
5865-19*1	Tuberculosis Skin Test - Plant	PPD 0.1ml Lot Number	red tagged out to hospital 4 days	Hopton, Angela	05-01-2019 9:47 pm
5865-19*1	Tuberculosis Skin Test - Plant	PPD 0.1 Expiration Date	02/13/2021	Hopton, Angela	05-01-2019 11:17 am
5865-19*1	Non Formulary Request Form	Name of Facility Pulaski County Regional Detention Facility-ARPL	PULASKI COUNTY JAIL	Roberts, Kendra	05-01-2019 1:39 pm
5865-19*1	Non Formulary Request Form	Date Requested	05/01/2019	Roberts, Kendra	05-01-2019 1:39 pm
5865-19*1	Non Formulary Request Form	[blank]	Initial Treatment	Roberts, Kendra	05-01-2019 1:39 pm
5865-19*1	Non Formulary Request Form	Medication Requested	GABAPENTIN	Roberts, Kendra	05-01-2019 1:39 pm
5865-19*1	Non Formulary Request Form	Strength Requested	800MG	Roberts, Kendra	05-01-2019 1:39 pm
		Duration Requested	90 DAYS		

EXHIBIT 6-A - P. 4

5865-19*1	Non Formulary Request Form			Roberts, Kendra	05-01-2019 1:39 pm
5865-19*1	Non Formulary Request Form	Medical Condition Being Treated	PARAPLEGIA	Roberts, Kendra	05-01-2019 1:39 pm
5865-19*1	Non Formulary Request Form	Directions	ADMINISTER 1 CAPSULE PO BID	Roberts, Kendra	05-01-2019 1:39 pm
5865-19*1	Non Formulary Request Form	Prescriber	KENDRA ROBERTS, APRN	Roberts, Kendra	05-01-2019 1:39 pm
5865-19*1	Non Formulary Request Form	Formulary Medications Previously Tried	IM ARRIVED PRESCRIBED 9800MG TID	Roberts, Kendra	05-01-2019 1:39 pm
5865-19*1	Non Formulary Request Form	Reason non-formulary is necessary, check all that apply:	Inmate has significant medical problem unresponsive to formulary medication	Roberts, Kendra	05-01-2019 1:39 pm
5865-19*1	Tuberculosis Skin Test - Read	TST is: Please Note that: Positive if 10 mm or greater INDURATION (NOT REDNESS) or 5 mm for HIV patients	red tagged to hospital 4 days	Hopton, Angela	05-01-2019 9:47 pm
5865-19*1	Medical Transfer Summary	Transferred To:	UAMS	Russell, Deborah	05-04-2019 5:16 pm
5865-19*1	Medical Transfer Summary	Allergies	risperadal, zyprexa	Russell, Deborah	05-04-2019 5:16 pm
5865-19*1	Medical Transfer Summary	Special Diet	no	Russell, Deborah	05-04-2019 5:16 pm
5865-19*1	Medical Transfer Summary	Current Suicide Precautions	No	Russell, Deborah	05-04-2019 5:16 pm
5865-19*1	Medical Transfer Summary	Current Medical / Mental Health Conditions (If yes, explain at right)	Yes (explain at right) (CV - Hypertension)	Russell, Deborah	05-04-2019 5:16 pm
5865-19*1	Medical Transfer Summary	Physical Disabilities / Limitations	partial paralysis, wheelchair bound	Russell, Deborah	05-04-2019 5:16 pm
5865-19*1	Medical Transfer Summary	Assistive Device / Prothesis	wheelchair, S/P catheter	Russell, Deborah	05-04-2019 5:16 pm
5865-19*1	Medical Transfer Summary	PPD Results	neg	Russell, Deborah	05-04-2019 5:16 pm
5865-19*1	Medical Transfer Summary	Current Medications	Neurontin 800MG TA BID; Directions: 1 Tablet [PO] By Mouth BID ; METOPROLOL TARTRATE 25MG 25MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; DOXYCYCLINE 100MG CAP 100MG CA BID; Directions: TAKE 1 CAPSULE BY MOUTH TWICE A DAY; NAPROXEN 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; METHOCARBAMOL 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; AMLODIPINE 10MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH EVERY MORNING; ARIPIPRAZOLE 2MG 2MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH ONCE DAILY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS	Russell, Deborah	05-04-2019 5:16 pm

EXHIBIT 6-A - P. 5

			SULFATE 325(65)MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;		
5865-19*1	Medical Transfer Summary	Medication Sent	No	Russell, Deborah	05-04-2019 5:16 pm
5865-19*1	Medical Transfer Summary	Personal Medications	No	Russell, Deborah	05-04-2019 5:16 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Allergies	risperadal, zyprexa	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Known Diagnosed Conditions	Mental Health / Prior Self Harm (paralyzed from waist down)	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Known Diagnosed Conditions	Other (DESCRIBE AT RIGHT): (paralyzed from waist down)	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Current Medications	Neurontin 800MG TA BID; Directions: 1 Tablet [PO] By Mouth BID ; METOPROLOL TARTRATE 25MG 25MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; DOXYCYCLINE 100MG CAP 100MG CA BID; Directions: TAKE 1 CAPSULE BY MOUTH TWICE A DAY; NAPROXEN 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; METHOCARBAMOL 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; AMLODIPINE 10MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH EVERY MORNING; ARIPIPRAZOLE 2MG 2MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH ONCE DAILY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS SULFATE 325(65)MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Current Condition Onset:	New Condition (CP, SOB, +3 pitting edema)	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Asthma / Breathing Complications	[blank]	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Chest Pains	[blank]	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Chest Pain Location	center of chest	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Nature of Chest Pain	Other (describe at right): (heavy)	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Caller's Observation	diminished breath sounds, no pedal pulses felt , pitting edema.	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Vitals	[blank]	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Name of Provider Notified	Dr. A. Tilley	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Date and Time Provider Notified	05/04/2019 1710	Russell, Deborah	05-04-2019 5:36 pm
			Yes		

5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Orders received for treatment?		Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Urgent Care Worksheet / On-Call Data Collection Sheet	Orders:	Security transport to ER (non-emergency)	Russell, Deborah	05-04-2019 5:36 pm
5865-19*1	Offsite Notification	CUSTODY STATUS IF OTHER PLEASE LIST	COUNTY	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Type of Service:	ED Visit	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Facility Sent To:	UAMS	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Transport By:	Deputy	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Diagnosis/ Suspected Condition:	fluid overload	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Mutual Combat:	No	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Failure to Protect:	No	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Accident:	No	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Was this injury caused by any Acts or Omissions by the County:	No	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Is this Pre-Existing Condition	No	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Provider Notified: Specify Provider and Time contacted:	Dr. Tilley (1710)	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Offsite Notification	Signature of person transferring with date and time. (Do not leave Blank)	D. Russell, RN:::05/04/2019 1746	Russell, Deborah	05-04-2019 5:47 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Allergies	risperadal, zyprexa	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Discharge Diagnosis	chest pain unspecified type, chronic neuropathic pain lower extremity edema	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Current Problems	chest pain unspecified type, chronic neuropathic pain lower extremity edema	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Vitals	[blank]	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Respiration	WNL	Boatner, Barbara	05-05-2019 2:48 am
		Lungs	WNL		

5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment			Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	GI	WNL	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Abdomen	WNL	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Urinary	Incontinence	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Wound? Location?	No	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Wound Size	n/a	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Wound Drainage	n/a	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Sutures Number	n/a	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Staples? Location?	No	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Staples Number	n/a	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	LOC	WNL	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Function	Partial/Moderate Assist	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Medical Devices	Indwelling Catheter	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	[blank]	n/a	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Supportive Devices	Wheelchair	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Appearance	No Distress	Boatner, Barbara	05-05-2019 2:48 am
			Increase or severe pain		

5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Notify Medical Provider IMMEDIATELY if:		Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Notify Medical Provider IMMEDIATELY if:	Altered mental status	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient scheduled for appointment with Provider:	Urgent HCP	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient instructed on:	Follow-up sick call if no improvement	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient instructed on:	Patient verbalizes understanding	Boatner, Barbara	05-05-2019 2:48 am
5865-19*1	Medical Classification Communication / Relocation Form	Relocation Need:	may 4 2019	Hopton, Angela	05-08-2019 8:47 pm
5865-19*1	Medical Classification Communication / Relocation Form	Type of Altercation	Code Red	Hopton, Angela	05-08-2019 8:47 pm
5865-19*1	Medical Classification Communication / Relocation Form	Assessment outcomes	Requires outside care (Specify method of transport) (non urgent officer)	Hopton, Angela	05-08-2019 8:47 pm
5865-19*1	Nursing Progress Note	[blank]	[blank]	Burkett, Cody	05-10-2019 8:15 am
5865-19*1	Nursing Progress Note	Subjective	inmate requesting TED hoses	Burkett, Cody	05-10-2019 8:15 am
5865-19*1	Nursing Progress Note	Objective	inmate states his legs are swelling	Burkett, Cody	05-10-2019 8:15 am
5865-19*1	Nursing Progress Note	Assessment	slight edema to lower extremities	Burkett, Cody	05-10-2019 8:15 am
5865-19*1	Nursing Progress Note	Plan	ask provider to order TED hoses	Burkett, Cody	05-10-2019 8:15 am
5865-19*1	Nursing Progress Note	Education	keep feet elevated	Burkett, Cody	05-10-2019 8:15 am
5865-19*1	Mental Health - Mental Health Professional Note	Current Housing Status	General Population	laboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Reason For Mental Health Encounter	Patient Request	laboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Patient's Report of Current Functioning	LMSW met with inmate in response to a sick call form. Inmate stated he is in a lot of pain. (Inmate was currently waiting to see medical staff while speaking to LMSW). Inmate stated that he is experiencing SX of depression. Inmate stated he is frustrated because he is not receiving all of his medications in this facility LMSW probed inmate to find out if he felt he was not receiving all of his mental health medications or medical medications and inmate stated medical medications. LMSW informed inmate he could speak to medical	laboni, Anna Grace	05-10-2019 9:08 am

			staff shortly about this as he is scheduled for a sick call. Inmate stated that he is eating decently. Inmate stated that he is not sleeping well in this facility. Inmate stated that is currently not experiencing any visual or auditory hallucinations but has in the past. Inmate stated he is not suicidal at this time. Inmate stated he is familiar with coping skills and how to utilize them should a need arise. LMSW informed inmate that he is currently on an antidepressant/antipsychotic medication and that he has a follow up with the psychiatrist the week of 5/17/19. LMSW informed inmate he could discuss these psychiatric concerns with the psychiatrist at this time. LMSW informed inmate she would send him worksheet packets on depression and sleep hygiene.		
5865-19*1	Mental Health - Mental Health Professional Note	Current Medications	DOXYCYCLINE 100MG CAP 100MG CA BID; Directions: TAKE 1 CAPSULE BY MOUTH TWICE A DAY; NAPROXEN 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; Neurontin 800MG TA BID; Directions: 1 Tablet [PO] By Mouth BID ; AMLODIPINE 10MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH EVERY MORNING; METOPROLOL TARTRATE 25MG 25MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; METHOCARBAMOL 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; ARIPIRAZOLE 2MG 2MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH ONCE DAILY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS SULFATE 325(65)MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Appearance (check all that apply)	Adequately Groomed	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Appearance (check all that apply)	Appropriately Attired	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Behavior (check all that apply)	Cooperative	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Behavior (check all that apply)	Calm	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Alert	Yes	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Orientation: Oriented to person, place, time and situation?	Yes	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Mood	Euthymic/pleasant	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Mood	Anxious	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Mental Health - Mental Health Professional Note	Affect	Appropriate	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1		Affect congruent with thoughts and mood?	Yes		

EXHIBIT 6-A - P. 10

	Intake Screening - Medical	Health Insurance (Note policy number if applicable)		Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Sex	Male	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Race	Black	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Does the patient speak English? **If no, please specify the interpreter name and phone number used for translation.**	Yes	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	List all known allergies:	REPERIDOL, ZYPREXA, AND ANOTHER UNK MEDICATION	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Special Dietary needs:	NA	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Sent for a FIT? If yes, note reason.	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Any injuries to report due to arrest or booking? If yes, please note.	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Does the inmate show signs of or reporting complaints of significant injury, excessive bleeding, altered consciousness, respiratory distress, chest pains, or psychosis, or other emergent condition requiring immediate treatment?	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Have you had a significant head injury in the past 3 days? If yes, did you seek treatment?	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	When was your last healthcare visit? (Include provider name and location and complete a Release of Information, as applicable)	2 DAYS AGO UAMS	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Have you ever been incarcerated at this facility? (If yes, provide year)	Yes (2 MTHS AGO)	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Who is your emergency health contact?	COSONJA DISHMAN HALL	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Is the patient currently taking any medications?	Yes	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	If yes to above question, list all current medications including dosages, frequency, last time taken, and name of pharmacy.	GABAPENTIN, HYDROCODONE BACLEFEN, ABILIFY, HCTZ WALGREENS ON STAGECOACH LAST TAKEN THIS MORNING	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Has the patient been checked for head lice?	Yes	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Does the patient need treatment for head lice?	No	Moore, Tina	04-11-2019 6:57 pm

EXHIBIT 6-A - P. 11

5865-19	Intake Screening - Medical	Does the patient wear glasses, contacts, dentures, partial, hearing aids or use canes, crutches, wheelchair or any prosthesis or medical devices (O2 Concentrator, C-PAP, etc)? If yes, please note.	Yes (WHEELCHAIR AND A CATHETER BOWEL CONTINENCE)	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	If yes to the above question, does the inmate have the item on their person?	Yes	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	If yes to the above question, has the item been place in property?	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Patient Vitals	CALLED NURSE ABOUT HTN	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Heart attack/cardiac disease? If yes, when? Explain.	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	High Blood Pressure? Note details.	Yes	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Cancer/Oncology? Note Type.	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Lung Disease or Asthma?	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Stroke?	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Diabetes? Do you use Insulin? (Type or Dose) Note Current FSBS Do you consider your diabetes as under good control?	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Seizures? Note date of last seizure.	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	HIV? If yes how long? Current Meds? Date of last lab? Current Provider? Date of last Pneumovax Date of last Flu Vaccine	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Current STDs? If yes, what type? Are you receiving treatment?	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Past STDs? If yes, when and did you receive treatment?	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Liver Disease or Hepatitis? If yes, note type and for how long.	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Sickle Cell Disease?	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Other Health Issues	PARALYZED FROM WAIST DOWN, CHRONIC PAIN	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Do you have a history of TB treatment or a Positive	No	Moore, Tina	

		Skin Test? If yes, please note when, where and the date of last treatment.			04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Have you recently experienced any of the following? If yes, please explain.	NA	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	**IS THE DETAINEE AN ICE OR USMS INMATE? **	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Major Dental Conditions (such as abscess or serious gum or tooth decay)?	Yes (SAID HE NEEDS FILLINGS)	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Mental Health Condition? (Complete Mental Health Intake Screening on every person)	Yes (SCHIZOPHRENIA,)	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Appearance	Unremarkable	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Behavior	Appropriate	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	State of Consciousness	Alert	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Breathing	Unremarkable	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Ease of Movement	Assistive Device (WHEELCHAIR, CATHETER)	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Skin Conditions:	NA	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Are you using or have you ever used any of the following? If so, what is the date of last use and frequency of use (daily, often, occasionally)? **IF ANY ARE DAILY - INITIATE APPROPRIATE DETOX/WITHDRAWAL MONITORING FLOWSHEET**	DENIES ANY	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Have you ever had or are you currently having any withdrawal symptoms when you stopped drugs or alcohol? **IF YES, EXPLAIN AND REFER FOR IMMEDIATE EVALUATION BY A PROVIDER**	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Are you a current IV drug user? (If yes, refer to the provider for evaluation)	No	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Other comments or physical findings not covered on this questionnaire?	SAID HE HAS A APPT MONDAY WITH ARCARE AT 245 12119 FINANCIAL CENTER PARKWAY 501-716-7717 SAID HE NEEDS TO BE THERE	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Are any of the following applicable to the patient?	Physical Disability (WHEELCHAIR AND CATHETER)	Moore, Tina	

EXHIBIT 6-A - P. 13

					04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Recommended housing based on medical/mental health evaluation:	Lower Level *if cant climb stairs	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Continuity of Care Plan:	Routine Provider Referral	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Medical	Has the inmate received instructions on the facility's Sick Call process?	Yes	Moore, Tina	04-11-2019 6:57 pm
5865-19	Intake Screening - Mental Health	Is the patient able to answer questions coherently? ***If NO, place on observation until further evaluation can occur.***	Yes	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Is the patient currently on medications for depression, psychosis, or for other mental health conditions? (If yes, list all medications with dosage and complete ROI to verify)	No (ABILIFY)	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Are you currently thinking of killing or hurting yourself? If yes, what is your plan? ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Do you feel there is nothing to look forward to in your future? (extreme hopelessness - additional prompting may be required) ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Are you a public official charged with a high profile crime? ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Prior to your arrest, were you extremely depressed, or have little interest or pleasure in things that used to bring you joy? ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Are you currently hearing voices or noises that others can't hear? ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Does patient present with any signs or conditions of recent suicide attempts or self harm? ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Moore, Tina	04-11-2019 7:01 pm
5865-19			No		

EXHIBIT 6-A - P. 14

	Intake Screening - Mental Health	Have you recently started an antidepressant or had a recent increase in your antidepressant dosage in the past week?		Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Is this your first time in jail?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	If yes to question 10, is the inmate over the age of 65 or younger than 18	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	If yes to question 10, is the inmate presenting as a transgender or transsexual?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Have you ever attempted to harm yourself? If yes, when and how?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Have you ever seen a mental health professional for emotional or mental health problems? ***If yes, note when and where. If they don't know, please indicate that as well in the notes.***	Yes (STATE HOSPITAL 11 YEARS)	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	If yes to question 12, has it been in the past 7 years?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Have you ever been hospitalized for traumatic brain injury? If yes, what type and year?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Have you been hospitalized for depression or mental health conditions in the past 7 years? ***If yes, note when and where. If they don't know, please indicate that as well in the notes.***	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Have you received in-patient or out-patient treatment for alcohol or drug abuse in the past 7 years? ***If yes, note when and where. If they don't know, please indicate that as well in the notes.***	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Do you currently believe that someone can control your mind or that other people can read your thoughts?	Yes (ENEMIES CAN READ HIS MIND)	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Are you feeling paranoid?	Yes	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Have you been a victim of sexual abuse in the past 5 days? ***If yes, ask them if	No	Moore, Tina	04-11-2019 7:01 pm

EXHIBIT 6-A - P. 15

		they would like a referral to mental health***			
5865-19	Intake Screening - Mental Health	Does patient appear to be sad, irritable, emotionally flat, hallucinating or showing signs of other mental illness such as acting strange or any unusual behavior?	Yes (CRYING AND EMOTIONAL)	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Have you ever been arrested for a sexual offense?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Do you feel overly anxious or has your recent activity level increased significantly without justification?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Are you extremely worried you will lose your job, spouse, significant other or children due to your arrest?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Have you been a victim of physical or emotional abuse in the past 5 days? ***If yes, ask them if they would like a referral to mental health***	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	In school were you ever told you had difficulty learning or in any special classes? Explain. **Also check yes if the patient appears to be mentally retarded or developmentally delayed and explain**	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Does the patient appear under the influence?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Do you have frequent seizures? If yes, are you on medications? (list medications)	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Mental Health	Disposition / Plan of Action:	Stable MH Condition General Population	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Have you ever been involved in an incident where you sexually abused other inmates?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Have you ever been involved in an incident where you sexually abused other people outside of jail or prison?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Have you ever committed a violent offense?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Have you ever committed a violent offense within an institutional setting or jail?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Does inmate appear to have or report a mental, physical, or developmental disability?	No	Moore, Tina	04-11-2019 7:01 pm

EXHIBIT 6-A - P. 16

5865-19	Intake Screening - PREA Risk Assessment	Have you ever been a victim of sexual abuse in prison or jail?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Have you ever been a victim of sexual abuse as an adult or child?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Is inmate less than 21 years old or over 65 years old?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Is inmate of slight physical stature? For males: less than 5'6" and/or less than 140 pounds? For females: less than 5' and/or less than 100 pounds?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Is this the first time you have been incarcerated?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Is the inmate's criminal history exclusively non-violent?	Yes	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Are you gay/lesbian, bisexual, transgender, intersex or gender non-conforming?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Does inmate have current or prior convictions for sex offenses against a child or adult?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Do you believe yourself to be vulnerable to being sexually abused in prison or jail?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Mental Health notified?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Classification notified?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - PREA Risk Assessment	Other Notes	NA	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	Have you ever tested positive Tuberculosis skin test?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	If yes, when and where?	NA	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	Did you receive medication or other treatment? Type? Duration of treatment?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	Have you ever been treated for ACTIVE Tuberculosis?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	If Yes, Did you complete treatment or therapy?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis	Unresolved cough lasting more than 2 weeks?	No	Moore, Tina	

EXHIBIT 6-A - P. 17

	Screening Questionnaire				04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	With hemoptysis (blood)?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	With sputum (phlegm)?	No	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	Additional symptoms:	NA	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	Additional risk factors:	NA	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	CONSIDER FOR ISOLATION AND URGENT NOTIFICATION OF ID COORDINATOR IF:	N/A	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	SCHEDULE CHEST X-RAY IF:	N/A	Moore, Tina	04-11-2019 7:01 pm
5865-19	Intake Screening - Tuberculosis Screening Questionnaire	ADDITIONAL DISPOSITIONS:	No indication requiring immediate PPD, schedule routine PPD	Moore, Tina	04-11-2019 7:01 pm
5865-19	Medical Classification Communication / Relocation Form	Housing Accommodations:	Wheelchair (CATHETER)	Moore, Tina	04-11-2019 7:03 pm
5865-19	Medical Classification Communication / Relocation Form	Housing Accommodations:	Other (Specify) (CATHETER)	Moore, Tina	04-11-2019 7:03 pm
5865-19	Medical Classification Communication / Relocation Form	Type of Altercation	Code Red	Russell, Deborah	04-12-2019 8:53 pm
5865-19	Medical Classification Communication / Relocation Form	Assessment outcomes	Medically cleared to remain in unit	Russell, Deborah	04-12-2019 8:53 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Allergies	REPERIDOL, ZYPREXA, AND ANOTHER UNK MEDICATION	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Known Diagnosed Conditions	High Blood Pressure (paraplegia)	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Known Diagnosed Conditions	Other (DESCRIBE AT RIGHT): (paraplegia)	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Current Condition Onset:	New Condition	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Chest Pains	[blank]	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Chest Pain Location	center chest to L arm	Russell, Deborah	04-12-2019 8:58 pm
5865-19		Nature of Chest Pain	Other (describe at right): (burning)		

	Intake Screening - Medical				03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Diabetes? Do you use Insulin? (Type or Dose) Note Current FSBS Do you consider your diabetes as under good control?	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Seizures? Note date of last seizure.	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	HIV? If yes how long? Current Meds? Date of last lab? Current Provider? Date of last Pneumovax Date of last Flu Vaccine	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Current STD's? If yes, what type? Are you receiving treatment?	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Liver Disease or Hepatitis? If yes, note type and for how long.	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Sickle Cell Disease?	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Other Health Issues	e-coli, cloudy dark urine, pt said severe pain in back	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Do you have a history of TB treatment or a Positive Skin Test? If yes, please note when, where and the date of last treatment.	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	**IS THE DETAINEE AN ICE OR USMS INMATE?**	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Major Dental Conditions?	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Mental Health Condition? (Complete Mental Health Intake Screening on every person)	Yes (schizophrenic)	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Appearance	Unremarkable	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Behavior	Appropriate	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	State of Consciousness	Alert	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Ease of Movement	Deformities (paraplegic wheelchair rods and pins in right leg)	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Ease of Movement	Assistive Device (paraplegic wheelchair rods and pins in right leg)	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Skin Conditions:	Sores (pt states he has bed sores on his buttocks)	Pomaybo, Shane	03-27-2018 5:27 am
5079-18		Have you ever had or are you currently having any	No	Pomaybo, Shane	

01-29-2019 4:19 pm	Conversation with Hall related to his ability to transfer following a report that he was lying in the floor of his cell covered in feces. Upon arrival at approximately 3:55 p.m. IM was lying on mat. Aroused easily. Sat upright quickly. Began slurring and speaking loudly. I entered the cell and asked him to please calm down. He quickly complied. I told him that medical had been made aware of his problems and wanted to assist him; however, he had to communicate. I asked him if he could transfer out of his chair and onto his bed. He stated that he could. I asked if he could transfer from his chair to the toilet using hand rails. He stated that he could. He indicated that he had feces on his clothes. I informed him that new clothing would be obtained, and that medical would assist him in cleaning if needed. I informed him medical would obtain him new ted hose, and that security would provide him with new clean clothing and bedding. Lt. Freeman indicated he would notify medical staff after IM Hall was moved to "K" to place him in closer proximity to medical staff. POC of educating the security officer to call medical if any issues arrive and for medical to check on IM each time "K" is entered or every 4 hours was established with nursing staff.	Walker, Genia	All Staff	Medical Note
01-29-2019 5:48 pm	LPN went to "K" unit to further assess IM for care. IM sitting on side of his bed upset, crying. His concerns were about getting a bed matt, and a shower to get cleaned up from having a BM that got all over his clothing and wheelchair. LPN asked IM to clarify some medical questions related to his care. Medical information clarified: IM has a suprapubic catheter with a 24Fr/10cc Lubricant, to drainage bag, he is unable to stand on own at all, can not bear weight. He can transfer self from bed to wheelchair, and back again. He has a surgical incision on his mid to lower spine that appears to be about 12-15 inches in length with sutures intact, no open areas noted, no drainage/weeping noted. IM continued to cry some, and stated that he is supposed to be going back to the hospital sometime to get the stitches removed. Security staff assisted with getting IM bed matt, linen, clothing, and shower supplies. LPN assist x 2 assisted IM to shower and assisted IM with undressing, and rolling him into the shower. IM then showered himself without assistance. After IM completed his shower he was able to dry himself with the exception of his back, LPN assisted him with drying his back. IM able to dress the top half of himself, requires assistance x 1 with dressing his lower half, donning TED hose, and putting on his brief. IM stated that he would be able to do for himself if he had pullups and wipes. LPN informed IM what supplies medical had access to at this time. LPN asked IM if he was able to care for himself after nursing left his presence at that time. IM stated, "Yes". LPN asked IM if he was able to alert staff of needs. IM stated, "Yes.". IM stated that he hadn't eaten dinner yet. Security staff stated that IM would get something to eat. LPN confirmed with IM that he is able to verbalize wants/needs, he stated yes. LPN left IM in his cell in the care of security staff.	Watson, Christine	Medical Staff	Medical Note
01-29-2019 11:24 pm	NURSE BRYAN, WATKINS, LONG AND JONES ASSISTED INMATE WITH CHANGING SOILED BRIEF; INMATE WAS ALSO ASSISTED IN REPOSITIONING TO LYING IN PRONE POSITION. NO COMPLAINTS AT THIS TIME	Bryant, Ebone	Medical Staff	Medical Note
01-30-2019 2:23 am	NURSE BRYANT, WATKINS, LONG AND JONES ASSISTED INMATE WITH CHANGING SOILED BRIEF; INMATE WAS ALSO ASSISTED IN REPOSITIONING TO LYING IN PRONE POSITION. NO COMPLAINTS AT THIS TIME	Bryant, Ebone	Medical Staff	Medical Note
04-12-2019 5:26 pm	IM states his catheter has been leaking. I assessed area, and did notice clothing was wet by urine, urine catheter supplies ordered, no redness noted and IM was given gauze to put around the help with the leakage	Holt, Amanda	Medical Staff	Medical Note
04-13-2019 6:03 pm	IM complains of chest pain around 1600, BP was taken @ 1610 results 180/120, verbal orders from Roberts given, Clonidine 0.2 mg given with nitro @ 1620, second nitro given @ 1630 after 10 minutes waiting, IM states his chest pain was better, BP checked @ 1730 results were 130/82	Holt, Amanda	Medical Staff	Medical Note
04-15-2019 9:45 am	Called to U-unit to inspect inmates leaking catheter. Inmate stated that he usually has a 21f catheter in place. He has a suprapubic catheter with a 12f catheter, slight leaking noted around the catheter, clear in color. Zero redness, swelling, or infection noted around the site. Zero c/o of pain at suprapubic site, c/o pain throughout body due to not having Gabapentin. Informed inmate that Gabapentin is a non-formulary medication and that he would have to see the doctor to get it started. Wheelchair noted by the bed and stated he needs his catheter changed because his pants keep getting wet. Continent with bowels. Reported observation to Nurse Young as she is the unit pill call nurse and Nurse Walker as she is my supervisor.	Mannis, Mallory	Medical Staff	Medical Note
04-15-2019 6:05 pm	At 1000 AM spoke with Provider Kendra Roberts APRN concerning IM supra pubic catheter leaking. She indicated she wanted him sent to ER to have catheter changed. Charge nurse aware of provider's recommendations	Young, Sharon	Medical Staff	Medical Note
04-19-	bp 166/63, p-84, r-20, t 98.9, po 99, cp was mid sternum, upper gastric, gave inmate Mylanta. Instructed inmate that I thought his pain was upper gastric heartburn, and he started to rant and	McCauley, Tabitha	Medical Staff	Medical Note

EXHIBIT 6-A - P. 20

	Urgent Care Worksheet / On-Call Data Collection Sheet			Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Headaches / Body Pain	[blank]	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Headaches / Body Pain Location	R upper leg, back	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Vitals	[blank]	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Finger Stick Result (for known diabetics or decreased level of consciousness)	106	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Name of Provider Notified	K. Roberts, APRN	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Date and Time Provider Notified	04/12/2019 2010	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Orders received for treatment?	Yes	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Orders:	Administer prescribed medications (re-assess in 30 min.)	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Urgent Care Worksheet / On-Call Data Collection Sheet	Orders:	Monitor: Check again in ____ minutes (specify) and call provider back (re-assess in 30 min.)	Russell, Deborah	04-12-2019 8:58 pm
5865-19	Medical Classification Communication / Relocation Form	Housing Accommodations:	may have extra mat for bedsores	Russell, Deborah	04-12-2019 8:59 pm
5865-19	Phone Orders - Kendra Roberts APRN	Allergies	REPERIDOL, ZYPREXA, AND ANOTHER UNK MEDICATION	Pickard, Kim	04-13-2019 4:34 pm
5865-19	Phone Orders - Kendra Roberts APRN	Date and Time	04/13/2019 1611	Pickard, Kim	04-13-2019 4:34 pm
5865-19	Phone Orders - Kendra Roberts APRN	Medications Ordered (TORB)	Yes (Clonidine 0.2 mg, stat Nitroglycerin 4 mg, stat)	Pickard, Kim	04-13-2019 4:34 pm
5865-19	Phone Orders - Kendra Roberts APRN	Additional Provider Orders (TORB)	Yes (Clonidine 0.2 mg, bid X 3 days Amlodipine 10 mg, daily ASA 81 mg, daily Metoprolol 25 mg, bid)	Pickard, Kim	04-13-2019 4:34 pm
5865-19	Phone Orders - Kendra Roberts APRN	Telephone/Verbal Orders Read Back and Verified	Yes	Pickard, Kim	04-13-2019 4:34 pm
5865-19	Segregation Rounds	Current Observations	Alert / No Distress	Holt, Amanda	04-13-2019 6:11 pm
5865-19	Segregation Rounds	Request for Medical Services?	Yes (task already put in for provider)	Holt, Amanda	04-13-2019 6:11 pm
5865-19	Segregation Rounds	Request for Mental Health Services?	No	Holt, Amanda	04-13-2019 6:11 pm
5865-19	Segregation Rounds	Request for Dental Services?	No	Holt, Amanda	04-13-2019 6:11 pm
5865-19	Segregation Rounds		N/A		

	Special Needs Note				
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Education	Exercise (SICK CALL PRN)	Roberts, Kendra	01-30-2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Education	Smoking Cessation (SICK CALL PRN)	Roberts, Kendra	01-30-2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Education	Adaptation to the Correctional Environment (SICK CALL PRN)	Roberts, Kendra	01-30-2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Education	Other Education - Please note (SICK CALL PRN)	Roberts, Kendra	01-30-2019 2:17 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Allergies	Medication - Please note (REPERIDOL, ZYPREXA, AND ANOTHER UNK MEDICATION)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Initial Intake Medical, Mental Health, and Tuberculosis Screening reviewed?	Yes	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Has a TB skin test or chest x-ray been completed this incarceration?	No	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Clinic	Cardiovascular (PARALYZED WAIST DOWN)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care,	Clinic	Physical Disability (PARALYZED WAIST DOWN)	Roberts, Kendra	

EXHIBIT 6-A - P. 22

	Provider H&P and/or Special Needs Note				04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	History of Condition(s) (Onset)	IM HERE FOR CC VISIT. IM HAS A HX OF HTN, SUPRAPUBIC CATH X 3 YEARS-GSW 2012, PARALYZED WAIST DOWN, ATROPHY BLE, MVA 2018. CURRENTLY IN WHEELCHAIR. IM REPRORT CATH STARTED LEAKING THURSDAY, DARK YELLOW, ODOR, SEDIMENT, ABDOMEN BLOATED AND HARD, EXCESSIVE GREENISH LEAKING FROM SITE. IM REPORTS LEFT AMA LAST THURSDAY FOR COURT	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Current Complaints/Problems	INITIAL CC:HTN,	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Personal Risk Factors	Smoker (1/2 PPD)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Personal Risk Factors	High Blood Pressure (1/2 PPD)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Personal Risk Factors	Tatooing or Body Piercing (1/2 PPD)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Personal Risk Factors	Smoker	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Personal Risk Factors	High Blood Pressure	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special	Personal Risk Factors	Tatooing or Body Piercing	Roberts, Kendra	04-15-2019 12:42 pm

EXHIBIT 6-A - P. 23

	Needs Note				
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Family Risk Factors	Heart Disease	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Family Risk Factors	High Blood Pressure	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Family Risk Factors	Diabetes	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Family Risk Factors	Mental Illness	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Prior Surgeries / Hospitalizations (When/What)	Yes (MVA GSW RLE SURGERY BACK SURGERY)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Current Medications	Compliance Unknown (AMLODIPINE 10MG 10MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ; METOPROLOL TARTRATE 25MG 25MG EA BID; Directions: 1 EA [PO] By Mouth BID ; CLONIDINE 0.2MG 0.2MG EA BID; Directions: x 3 days per K. Roberts, APRN; aspirin 81MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ; ACETAMINOPHEN (CAPLET) 500MG TAB BID; Directions: 2 TAB By Mouth BID;)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Patient Vitals Note peak flow if applicable	PARALYZE WAIST DOWN	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	A1C	[blank]	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider	VL	[blank]	Roberts, Kendra	04-15-2019 12:42 pm

	H&P and/or Special Needs Note				
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	CD4	[blank]	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Total Cholesterol	[blank]	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	LDL	[blank]	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	HDL	[blank]	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	TRIG	[blank]	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Child-Pugh Score (Liver Disease)	[blank]	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Other	[blank]	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	General	NAD	Roberts, Kendra	04-15- 2019 12:42 pm

EXHIBIT 6-A - P. 25

5865-19	Chronic Care, Provider H&P and/or Special Needs Note	General	Alert	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Head	Normocephalic	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Eyes	PERLA	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Eyes	EOMI	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Eyes	Sclera Clear	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Eyes	Conjunctiva Clear	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Ears	Hearing Normal to Conversational Voice	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Nose	No Nasal Congestion or Drainage	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or	Mouth	Tongue is midline with no deviation or tremor	Roberts, Kendra	04-15-2019 12:42 pm

EXHIBIT 6-A - P. 26

	Special Needs Note				
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Mouth	No pharyngeal erythma	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Mouth	No exudates	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Mouth	Poor Dentition / Provided oral hygiene education	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Neck	Neck Supple	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Neck	No JVD	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Skin	No Rash	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Skin	No Lesions	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Skin	No Ecchymosis	Roberts, Kendra	04-15- 2019 12:42 pm
5865-19	Chronic Care,	Skin	Warm	Roberts, Kendra	

EXHIBIT 6-A - P. 27

	Provider H&P and/or Special Needs Note				04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Heart	Normal S1& S2	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Heart	No S3, S4, Gallops, or Rubs	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Heart	No Murmurs or Clicks	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Lungs	No Wheezes	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Lungs	No Rales	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Lungs	No Rhonchi	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Lungs	Respirations are unlabored	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special	Abdomen	DISTENDED, PAIN, HYPOACTIVE BS	Roberts, Kendra	04-15-2019 12:42 pm

EXHIBIT 6-A - P. 28

	Needs Note				
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Extremities	ATROPHY BLE	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Spine	WAIST DOWN, PARALYZED	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Mental Status	AAO x 4 (TEARFUL)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Mental Status	Normal hygiene (TEARFUL)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Gait	Appears Stable w/o assistive device	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Female GU	Not examined / Declined exam	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Male GU	Not examined / Declined exam	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Assessment/Diagnosis	HTN PARALYZED WAIST DOWN SUPRAPUBIC CATH, MALFUNCTION, INFECTION NICOTINE USE DISORDER MH S/P GSW TO ABDOMEN, BACK	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider	Degree of Control	Fair	Roberts, Kendra	04-15-2019 12:42 pm

EXHIBIT 6-A - P. 29

	H&P and/or Special Needs Note				
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Status	Improving	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Medications	CONTINUE CURRENT MEDICATIONS START MELOXICAM, ROBAXIN, DOCUSATE GIVE CLONIDINE 0.2MG NOW	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Vaccinations	Pneumovax (per guidelines)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Diagnostics	ECG/EKG (UA)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Diagnostics	Other (specify) (UA)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Lab	CMP	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Lab	CBC	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Lab	Fasting Lipid Profile	Roberts, Kendra	04-15-2019 12:42 pm

EXHIBIT 6-A - P. 30

5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Monitoring	BP CHECKS	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Next Chronic Care / Follow-up Visit	30 days	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Would you like to meet with a discharge planner to coordinate follow-up care upon your release from custody?	No	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Additional Orders	CONTINUE CURRENT TX LABS BP CHECKS BP RECORD REVIEW MAY USE WHEELCHAIR REFER TO ER BOTTOM BUNK, BOTTOM TIER MAY WEAR DEPENDS REFER TO UAMS ER FOR EVALUATION OF SUPRAPUBIC CATH	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Were Psychotropic Medications ordered	No	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Education	Nutrition / Diet (SICK CALL PRN)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Education	Exercise (SICK CALL PRN)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Education	Disease Process (SICK CALL PRN)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or	Education	Smoking Cessation (SICK CALL PRN)	Roberts, Kendra	04-15-2019 12:42 pm

EXHIBIT 6-A - P. 31

	Special Needs Note				
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Education	Adaptation to the Correctional Environment (SICK CALL PRN)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Education	Other Education - Please note (SICK CALL PRN)	Roberts, Kendra	04-15-2019 12:42 pm
5865-19*1	Provider Note	Allergies	risperadal, zyprexa	Roberts, Kendra	04-25-2019 11:07 am
5865-19*1	Provider Note	Chief Complaint	PROVIDER ER F/U	Roberts, Kendra	04-25-2019 11:07 am
5865-19*1	Provider Note	History of Present Illness	IM HERE FOR ER F/U, RECENTLY HOSPITALIZED AT UAMS. SEEN BY NEUROLOGY, CT OF ABDOMEN, RECOMMENDED MEDICATIONS TO START AND STOP. RECVD RX FROM A MD AT UAMS ON TODAY, RECOMMENDING DOXYCYCLINE BE STARTED, IM C/O PAIN, NO BLOATING NOTED. DRAINAGE IN BAG, YELLOW, CLOTHES SOILED.	Roberts, Kendra	04-25-2019 11:07 am
5865-19*1	Provider Note	Current Medications	DOXYCYCLINE 100MG CAP 100MG EA BID; Directions: 1 EA [PO] By Mouth BID ; NAPROXEN 500MG 500MG EA BID; Directions: 1 EA [PO] By Mouth BID ; METHOCARBAMOL 500MG 500MG EA BID; Directions: 1 EA [PO] By Mouth BID ; Neurontin 800 MG Tablet BID; Directions: 1 Tablet [PO] By Mouth BID ; SULFA/TRIMETH 800/160 DS 800/160MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; AMLODIPINE 10MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; ARIPIRAZOLE 2MG 2MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH ONCE DAILY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS SULFATE 325(65) MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;	Roberts, Kendra	04-25-2019 11:07 am
5865-19*1	Provider Note	Patient Vitals	W/C UNABLE TO OBTAIN WEIGHT	Roberts, Kendra	04-25-2019 11:07 am
5865-19*1	Provider Note	General	NAD	Roberts, Kendra	04-25-2019 11:07 am
5865-19*1	Provider Note	General	Alert	Roberts, Kendra	04-25-2019 11:07 am
5865-19*1	Provider Note	Head	Normocephalic	Roberts, Kendra	04-25-2019 11:07 am
5865-19*1	Provider Note	Chest	No wheezes	Roberts, Kendra	04-25-2019 11:07 am
5865-19*1	Provider Note	Chest	No rales	Roberts, Kendra	04-25-2019 11:07 am
		Chest	No rhonchi		

	Special Needs Note				
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Mouth	No pharyngeal erythma	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Mouth	No exudates	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Mouth	Poor Dentition / Provided oral hygiene education	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Neck	Neck Supple	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Neck	No JVD	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Skin	No Rash	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Skin	No Lesions	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care, Provider H&P and/or Special Needs Note	Skin	No Ecchymosis	Roberts, Kendra	04-15-2019 12:42 pm
5865-19	Chronic Care,	Skin	Warm	Roberts, Kendra	

EXHIBIT 6-A - P. 33

		Comments/Concerns and Follow Up if Required. Please be as detailed as possible.		Holt, Amanda	04-13-2019 6:11 pm
5865-19	Segregation Rounds	Current Observations	Alert / No Distress	laboni, Anna Grace	04-15-2019 9:56 am
5865-19	Segregation Rounds	Request for Medical Services?	No	laboni, Anna Grace	04-15-2019 9:56 am
5865-19	Segregation Rounds	Request for Mental Health Services?	No	laboni, Anna Grace	04-15-2019 9:56 am
5865-19	Segregation Rounds	Request for Dental Services?	No	laboni, Anna Grace	04-15-2019 9:56 am
5865-19	Segregation Rounds	Comments/Concerns and Follow Up if Required. Please be as detailed as possible.	No Referral Needed at this time	laboni, Anna Grace	04-15-2019 9:56 am
5865-19	Medical Transfer Summary	Transferred To:	UAMS ER	Burkett, Cody	04-15-2019 12:42 pm
5865-19	Medical Transfer Summary	Allergies	REPERIDOL, ZYPREXA, AND ANOTHER UNK MEDICATION	Burkett, Cody	04-15-2019 12:42 pm
5865-19	Medical Transfer Summary	Current Suicide Precautions	No	Burkett, Cody	04-15-2019 12:42 pm
5865-19	Medical Transfer Summary	Current Medical / Mental Health Conditions (If yes, explain at right)	No (CV - Hypertension)	Burkett, Cody	04-15-2019 12:42 pm
5865-19	Medical Transfer Summary	Physical Disabilities / Limitations	ELDERLY FRAIL	Burkett, Cody	04-15-2019 12:42 pm
5865-19	Medical Transfer Summary	PPD Results	NEG	Burkett, Cody	04-15-2019 12:42 pm
5865-19	Medical Transfer Summary	Current Medications	AMLODIPINE 10MG 10MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ; METOPROLOL TARTRATE 25MG 25MG EA BID; Directions: 1 EA [PO] By Mouth BID ; CLONIDINE 0.2MG 0.2MG EA BID; Directions: x 3 days per K. Roberts, APRN; aspirin 81MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ; ACETAMINOPHEN (CAPLET) 500MG TAB BID; Directions: 2 TAB By Mouth BID;	Burkett, Cody	04-15-2019 12:42 pm
5865-19	Medical Transfer Summary	Medication Sent	No	Burkett, Cody	04-15-2019 12:42 pm
5865-19	Medical Transfer Summary	Personal Medications	No	Burkett, Cody	04-15-2019 12:42 pm
5865-19	Medical Transfer Summary	Additional Information	Inmate has supapubic cath that needs to be assessed and changed due to leaking around the ostomy.	Burkett, Cody	04-15-2019 12:42 pm

EXHIBIT 6-A - P. 34

					12:53 pm
5865-19	Offsite Notification	CUSTODY STATUS IF OTHER PLEASE LIST	COUNTY	Lowe, Bertha	04-18-2019 9:01 am
5865-19	Offsite Notification	Type of Service:	ED Visit	Burkett, Cody	04-16-2019 2:06 pm
5865-19	Offsite Notification	Facility Sent To:	UAMS ER	Burkett, Cody	04-16-2019 2:06 pm
5865-19	Offsite Notification	Transport By:	Deputy	Burkett, Cody	04-16-2019 2:06 pm
5865-19	Offsite Notification	Diagnosis/ Suspected Condition:	leaking supapubic cath	Burkett, Cody	04-16-2019 2:06 pm
5865-19	Offsite Notification	Mutual Combat:	No	Burkett, Cody	04-16-2019 2:06 pm
5865-19	Offsite Notification	Failure to Protect:	No	Burkett, Cody	04-16-2019 2:06 pm
5865-19	Offsite Notification	Accident:	No	Burkett, Cody	04-16-2019 2:06 pm
5865-19	Offsite Notification	Was this injury caused by any Acts or Omissions by the County:	No	Burkett, Cody	04-16-2019 2:06 pm
5865-19	Offsite Notification	Is this Pre-Existing Condition	No	Burkett, Cody	04-16-2019 2:06 pm
5865-19	Offsite Notification	Provider Notified: Specify Provider and Time contacted:	Kendra Roberts	Burkett, Cody	04-16-2019 2:06 pm
5865-19	Offsite Notification	Insurance Name and Policy Number (Please refer to Jail Management or CorEMR demographics)	AETNA	Lowe, Bertha	04-18-2019 9:01 am
5865-19	Offsite Notification	Address of the Inmate: (Please refer to Jail Management or CorEMR demographics)	[REDACTED] Little Rock, AR	Lowe, Bertha	04-18-2019 9:01 am
5865-19	Offsite Notification	Signature of person transferring with date and time. (Do not leave Blank)	C.BURKETT:::04/16/2019 1405	Burkett, Cody	04-16-2019 2:06 pm
5865-19*1	Intake Screening - Medical	Health Insurance (Note policy number if applicable)	Yes (ETNA)	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Sex	Male	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Race	Black	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Does the patient speak English? **If no, please specify the interpreter name and phone number used for translation.**	Yes	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	List all known allergies:	risperadal, zyprexa	Gibson, Shantrell	

EXHIBIT 6-A - P. 35

					04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Special Dietary needs:	n/a	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Sent for a FIT? If yes, note reason.	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Any injuries to report due to arrest or booking? If yes, please note.	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Does the inmate show signs of or reporting complaints of significant injury, excessive bleeding, altered consciousness, respiratory distress, chest pains, or psychosis, or other emergent condition requiring immediate treatment?	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Have you had a significant head injury in the past 3 days? If yes, did you seek treatment?	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	When was your last healthcare visit? (Include provider name and location and complete a Release of Information, as applicable)	just came back from hospital(UAMS)	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Have you ever been incarcerated at this facility? (If yes, provide year)	Yes (previously red tag)	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Who is your emergency health contact?	cosonja hall 777-2448	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Is the patient currently taking any medications?	Yes	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	If yes to above question, list all current medications including dosages, frequency, last time taken, and name of pharmacy.	see previous medication list	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Has the patient been checked for head lice?	Yes	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Does the patient need treatment for head lice?	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Does the patient wear glasses, contacts, dentures, partial, hearing aids or use canes, crutches, wheelchair or any prosthesis or medical devices (O2 Concentrator, C-PAP, etc)? If yes, please note.	Yes (wheelchair catheter incontinent)	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	If yes to the above question, does the inmate have the item on their person?	Yes	Gibson, Shantrell	04-18-2019 3:17 pm
		Patient Vitals	was given medication for BP at the hospital		

5865-19*1	Intake Screening - Medical			Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Heart attack/cardiac disease? If yes, when? Explain.	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	High Blood Pressure? Note details.	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Cancer/Oncology? Note Type.	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Lung Disease or Asthma?	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Stroke?	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Diabetes? Do you use Insulin? (Type or Dose) Note Current FSBS Do you consider your diabetes as under good control?	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Seizures? Note date of last seizure.	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Current STDs? If yes, what type? Are you receiving treatment?	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Past STDs? If yes, when and did you receive treatment?	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Liver Disease or Hepatitis? If yes, note type and for how long.	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Sickle Cell Disease?	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Other Health Issues	chronic pain, paralyzed from waist down	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Do you have a history of TB treatment or a Positive Skin Test? If yes, please note when, where and the date of last treatment.	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Have you recently experienced any of the following? If yes, please explain.	n/a	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	**IS THE DETAINEE AN ICE OR USMS INMATE? **	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Major Dental Conditions (such as abscess or serious gum or tooth decay)?	Yes (needs fillings)	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Mental Health Condition? (Complete Mental Health Intake Screening on every person)	Yes (schizophrenia)	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Appearance	Unremarkable	Gibson, Shantrell	

EXHIBIT 6-A - P. 37

					04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Behavior	Appropriate	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	State of Consciousness	Alert	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Breathing	Unremarkable	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Ease of Movement	Deformities (wheelchair S/P catheter)	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Ease of Movement	Assistive Device (wheelchair S/P catheter)	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Skin Conditions:	n/a	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Are you using or have you ever used any of the following? If so, what is the date of last use and frequency of use (daily, often, occasionally)? **IF ANY ARE DAILY - INITIATE APPROPRIATE DETOX/WITHDRAWAL MONITORING FLOWSHEET**	denies	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Have you ever had or are you currently having any withdrawal symptoms when you stopped drugs or alcohol? **IF YES, EXPLAIN AND REFER FOR IMMEDIATE EVALUATION BY A PROVIDER**	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Are you a current IV drug user? (If yes, refer to the provider for evaluation)	No	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Are any of the following applicable to the patient?	Physical Disability (paralyzed waist down wheelchair catheter)	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Recommended housing based on medical/mental health evaluation:	Lower Level *if cant climb stairs	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Recommended housing based on medical/mental health evaluation:	Lower Bunk	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Continuity of Care Plan:	Routine Provider Referral	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Medical	Has the inmate received instructions on the facility's Sick Call process?	Yes	Gibson, Shantrell	04-18-2019 3:17 pm
5865-19*1	Intake Screening - Mental Health	Is the patient able to answer questions coherently? ***If NO, place on observation until further evaluation can occur.***	Yes	Gibson, Shantrell	04-18-2019 3:19 pm
			No (ability)		

5865-19*1	Intake Screening - Mental Health	Is the patient currently on medications for depression, psychosis, or for other mental health conditions? (If yes, list all medications with dosage and complete ROI to verify)		Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Are you currently thinking of killing or hurting yourself? If yes, what is your plan? ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Do you feel there is nothing to look forward to in your future? (extreme hopelessness - additional prompting may be required) ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Are you a public official charged with a high profile crime? ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Prior to your arrest, were you extremely depressed, or have little interest or pleasure in things that used to bring you joy? ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Are you currently hearing voices or noises that others can't hear? ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Does patient present with any signs or conditions of recent suicide attempts or self harm? ***If yes, PLACE ON SUICIDE WATCH IMMEDIATELY***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Have you recently started an antidepressant or had a recent increase in your antidepressant dosage in the past week?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Is this your first time in jail?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	If yes to question 10, is the inmate over the age of 65 or younger than 18	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	If yes to question 10, is the inmate presenting as a transgender or transsexual?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Have you ever attempted to harm yourself? If yes, when and how?	No	Gibson, Shantrell	04-18-2019 3:19 pm

EXHIBIT 6-A - P. 39

5865-19*1	Intake Screening - Mental Health	Have you ever seen a mental health professional for emotional or mental health problems? ***If yes, note when and where. If they don't know, please indicate that as well in the notes.***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	If yes to question 12, has it been in the past 7 years?	No (state hospital 11 years ago)	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Have you ever been hospitalized for traumatic brain injury? If yes, what type and year?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Have you been hospitalized for depression or mental health conditions in the past 7 years? ***If yes, note when and where. If they don't know, please indicate that as well in the notes.***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Have you received in-patient or out-patient treatment for alcohol or drug abuse in the past 7 years? ***If yes, note when and where. If they don't know, please indicate that as well in the notes.***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Do you currently believe that someone can control your mind or that other people can read your thoughts?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Are you feeling paranoid?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Have you been a victim of sexual abuse in the past 5 days? ***If yes, ask them if they would like a referral to mental health***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Does patient appear to be sad, irritable, emotionally flat, hallucinating or showing signs of other mental illness such as acting strange or any unusual behavior?	Yes (very emotional)	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Have you ever been arrested for a sexual offense?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Do you feel overly anxious or has your recent activity level increased significantly without justification?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Are you extremely worried you will lose your job, spouse, significant other or	No	Gibson, Shantrell	04-18-2019 3:19 pm

EXHIBIT 6-A - P. 40

		children due to your arrest?			
5865-19*1	Intake Screening - Mental Health	Have you been a victim of physical or emotional abuse in the past 5 days? ***If yes, ask them if they would like a referral to mental health***	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	In school were you ever told you had difficulty learning or in any special classes? Explain. **Also check yes if the patient appears to be mentally retarded or developmentally delayed and explain**	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Does the patient appear under the influence?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Do you have frequent seizures? If yes, are you on medications? (list medications)	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Mental Health	Disposition / Plan of Action:	Stable MH Condition General Population	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Have you ever been involved in an incident where you sexually abused other inmates?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Have you ever been involved in an incident where you sexually abused other people outside of jail or prison?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Have you ever committed a violent offense?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Have you ever committed a violent offense within an institutional setting or jail?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Does inmate appear to have or report a mental, physical, or developmental disability?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Have you ever been a victim of sexual abuse in prison or jail?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Have you ever been a victim of sexual abuse as an adult or child?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Is inmate less than 21 years old or over 65 years old?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Is inmate of slight physical stature? For males: less than 5'6" and/or less than 140 pounds? For females: less than 5' and/or less than 100 pounds?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Is this the first time you have been incarcerated?	No	Gibson, Shantrell	04-18-2019 3:19 pm
			No		

EXHIBIT 6-A - P. 41

5865-19*1	Intake Screening - PREA Risk Assessment	Is the inmate's criminal history exclusively non-violent?		Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Are you gay/lesbian, bisexual, transgender, intersex or gender non-conforming?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Does inmate have current or prior convictions for sex offenses against a child or adult?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Do you believe yourself to be vulnerable to being sexually abused in prison or jail?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Mental Health notified?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Classification notified?	No	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - PREA Risk Assessment	Other Notes	n/a	Gibson, Shantrell	04-18-2019 3:19 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	Have you ever tested positive Tuberculosis skin test?	No	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	If yes, when and where?	n/a	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	Did you receive medication or other treatment? Type? Duration of treatment?	No	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	Have you ever been treated for ACTIVE Tuberculosis?	No	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	If Yes, Did you complete treatment or therapy?	N/A	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	Unresolved cough lasting more than 2 weeks?	No	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	With hemoptysis (blood)?	No	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	With sputum (phlegm)?	No	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	Additional symptoms:	n/a	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	Additional risk factors:	n/a	Gibson, Shantrell	04-18-2019 3:29 pm

5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	CONSIDER FOR ISOLATION AND URGENT NOTIFICATION OF ID COORDINATOR IF:	N/A	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	SCHEDULE CHEST X-RAY IF:	N/A	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Intake Screening - Tuberculosis Screening Questionnaire	ADDITIONAL DISPOSITIONS:	No indication requiring immediate PPD, schedule routine PPD	Gibson, Shantrell	04-18-2019 3:29 pm
5865-19*1	Medical Classification Communication / Relocation Form	Type of Altercation	Returned from hospital	Pickard, Kim	04-18-2019 5:19 pm
5865-19*1	Medical Classification Communication / Relocation Form	Assessment outcomes	Medically cleared to remain in unit	Pickard, Kim	04-18-2019 5:19 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Allergies	risperadal, zyprexa	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Vitals	Reported by Stowe, LPN	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Appearance	No Distress	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient scheduled for appointment with Provider:	Routine HCP	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient instructed on:	Nutrition and fluids	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient instructed on:	S/S of infection	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient instructed on:	Follow-up sick call if no improvement	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Post ER/Hospitalization/Off-Site Consultation Assessment	Patient instructed on:	Patient verbalizes understanding	Pickard, Kim	04-18-2019 5:22 pm
5865-19*1	Medical Classification Communication / Relocation Form	Type of Altercation	assessed by medical nurses Thompson and Harris	Weatherly, Hannah	04-21-2019 10:55 pm
5865-19*1	Medical Classification Communication / Relocation Form	Assessment outcomes	Medically cleared to remain in unit	Weatherly, Hannah	04-21-2019 10:55 pm
5865-19*1	Medical Classification Communication / Relocation Form	Type of Altercation	Called to assess IM	Weatherly, Hannah	04-23-2019 9:51 pm
5865-19*1	Medical Classification Communication / Relocation Form	Assessment outcomes	Medically cleared to remain in unit	Weatherly, Hannah	04-23-2019 9:51 pm

EXHIBIT 6-A - P. 43

01-29-2019 4:19 pm	Conversation with Hall related to his ability to transfer following a report that he was lying in the floor of his cell covered in feces. Upon arrival at approximately 3:55 p.m. IM was lying on mat. Aroused easily. Sat upright quickly. Began slurring and speaking loudly. I entered the cell and asked him to please calm down. He quickly complied. I told him that medical had been made aware of his problems and wanted to assist him; however, he had to communicate. I asked him if he could transfer out of his chair and onto his bed. He stated that he could. I asked if he could transfer from his chair to the toilet using hand rails. He stated that he could. He indicated that he had feces on his clothes. I informed him that new clothing would be obtained, and that medical would assist him in cleaning if needed. I informed him medical would obtain him new ted hose, and that security would provide him with new clean clothing and bedding. Lt. Freeman indicated he would notify medical staff after IM Hall was moved to "k" to place him in closer proximity to medical staff. POC of educating the security officer to call medical if any issues arrive and for medical to check on IM each time "K" is entered or every 4 hours was established with nursing staff.	Walker, Genia	All Staff	Medical Note
01-29-2019 5:48 pm	LPN went to "K" unit to further assess IM for care. IM sitting on side of his bed upset, crying. His concerns were about getting a bed matt, and a shower to get cleaned up from having a BM that got all over his clothing and wheelchair. LPN asked IM to clarify some medical questions related to his care. Medical information clarified: IM has a suprapubic catheter with a 24Fr/10cc Lubricant, to drainage bag, he is unable to stand on own at all, can not bear weight. He can transfer self from bed to wheelchair, and back again. He has a surgical incision on his mid to lower spine that appears to be about 12-15 inches in length with sutures intact, no open areas noted, no drainage/weeping noted. IM continued to cry some, and stated that he is supposed to be going back to the hospital sometime to get the stitches removed. Security staff assisted with getting IM bed matt, linen, clothing, and shower supplies. LPN assist x 2 assisted IM to shower and assisted IM with undressing, and rolling him into the shower. IM then showered himself without assistance. After IM completed his shower he was able to dry himself with the exception of his back, LPN assisted him with drying his back. IM able to dress the top half of himself, requires assistance x 1 with dressing his lower half, donning TED hose, and putting on his brief. IM stated that he would be able to do for himself if he had pullups and wipes. LPN informed IM what supplies medical had access to at this time. LPN asked IM if he was able to care for himself after nursing left his presence at that time. IM stated, "Yes". LPN asked IM if he was able to alert staff of needs. IM stated, "Yes.". IM stated that he hadn't eaten dinner yet. Security staff stated that IM would get something to eat. LPN confirmed with IM that he is able to verbalize wants/needs, he stated yes. LPN left IM in his cell in the care of security staff.	Watson, Christine	Medical Staff	Medical Note
01-29-2019 11:24 pm	NURSE BRYAN, WATKINS, LONG AND JONES ASSISTED INMATE WITH CHANGING SOILED BRIEF; INMATE WAS ALSO ASSISTED IN REPOSITIONING TO LYING IN PRONE POSITION. NO COMPLAINTS AT THIS TIME	Bryant, Ebone	Medical Staff	Medical Note
01-30-2019 2:23 am	NURSE BRYANT, WATKINS, LONG AND JONES ASSISTED INMATE WITH CHANGING SOILED BRIEF; INMATE WAS ALSO ASSISTED IN REPOSITIONING TO LYING IN PRONE POSITION. NO COMPLAINTS AT THIS TIME	Bryant, Ebone	Medical Staff	Medical Note
04-12-2019 5:26 pm	IM states his catheter has been leaking, I assessed area, and did notice clothing was wet by urine, urine catheter supplies ordered, no redness noted and IM was given gauze to put around the help with the leakage	Holt, Amanda	Medical Staff	Medical Note
04-13-2019 6:03 pm	IM complains of chest pain around 1600, BP was taken @ 1610 results 180/120, verbal orders from Roberts given, Clonidine 0.2 mg given with nitro @ 1620, second nitro given @ 1630 after 10 minutes waiting, IM states his chest pain was better, BP checked @ 1730 results were 130/82	Holt, Amanda	Medical Staff	Medical Note
04-15-2019 9:45 am	Called to U-unit to inspect inmates leaking catheter. Inmate stated that he usually has a 21f catheter in place. He has a suprapubic catheter with a 12f catheter, slight leaking noted around the catheter, clear in color. Zero redness, swelling, or infection noted around the site. Zero c/o of pain at suprapubic site, c/o pain throughout body due to not having Gabapentin. Informed inmate that Gabapentin is a non-formulary medication and that he would have to see the doctor to get it started. Wheelchair noted by the bed and stated he needs his catheter changed because his pants keep getting wet. Continent with bowels. Reported observation to Nurse Young as she is the unit pill call nurse and Nurse Walker as she is my supervisor.	Mannis, Mallory	Medical Staff	Medical Note
04-15-2019 6:05 pm	At 1000 AM spoke with Provider Kendra Roberts APRN concerning IM supra pubic catheter leaking. She indicated she wanted him sent to ER to have catheter changed. Charge nurse aware of provider's recommendations	Young, Sharon	Medical Staff	Medical Note
04-19-	bp 166/63, p-84, r-20, t 98.9, po 99, cp was mid sternum, upper gastric, gave inmate Mylanta. Instructed inmate that I thought his pain was upper gastric heartburn, and he started to rant and	McCauley, Tabitha	Medical Staff	Medical Note

2019 7:24 pm	rave about gabapentin, oxycodone, and I instructed him that I can only give him what the md order.			
04-23-2019 10:01 pm	Called to assess IM complaining of chest and back pain. IM states it's related to injury from years ago, rods in back and leg. BP 138/90, HR 99, SpO2 99%. IM states pain is from sitting in unfit wheelchair and with no proper bedding. Sick call if needed.	Weatherly, Hannah	Medical Staff	Medical Note
05-12-2019 1:40 pm	Sick call placed about his TED hose. Replaced TED hose due to his being left at hospital from visit. Message sent to DON about location of replacement urine bag for IM.	GIFFORD, LOLA	Medical Staff	Medical Note

Problems

Date Opened	Problem Type	Problem Subtype	Current Status	Date Closed	Closed By
03-27-2018 5:27 am	CV - Hypertension	[blank]	open	[blank]	
04-11-2019 6:57 pm	CV - Hypertension	[blank]	closed	04-25-2019 11:47 am	Roberts, Kendra

Vital Signs

Date of Reading	05-20-2019 6:10 am
Date Entered	05-20-2019 6:10 am
Blood Pressure Sitting	/
Blood Pressure Standing	[blank]
Pulse Sitting	[blank]
Pulse Standing	[blank]
Respiration	[blank]
Temperature	[blank]
Weight	[blank]
SPO2	[blank]
Notes	REFUSED

Date of Reading	05-18-2019 5:26 am
Date Entered	05-18-2019 5:26 am
Blood Pressure Sitting	/
Blood Pressure Standing	148/96
Pulse Sitting	[blank]
Pulse Standing	[blank]
Respiration	[blank]
Temperature	[blank]
Weight	[blank]
SPO2	[blank]
Notes	[blank]

Last Modified Date and Time	04-16-2019 2:45 pm
Appointment Completed By	N/A
Completed Date and Time	N/A
Appointment Change Note	Inmate was released 04-16-2019
Change Note Type	Deleted Appointments
Change Note Date	04-16-2019 12:00 am
Change Note By	System, CorEMR

Appointment Scheduled Date	04-19-2019
Appointment Created Date	04-15-2019 12:46 pm
Appointment Description	BP
Appointment Category	NUR - Blood Pressure 0500
Priority (1=High, 5=Low)	1
Current Status	Deleted
Requested by Patient?	No
Appointment Set By	Roberts, Kendra
Appointment Last Modified By	System, CorEMR
Last Modified Date and Time	04-16-2019 2:45 pm
Appointment Completed By	N/A
Completed Date and Time	N/A
Appointment Change Note	Inmate was released 04-16-2019
Change Note Type	Deleted Appointments
Change Note Date	04-16-2019 12:00 am
Change Note By	System, CorEMR

Appointment Scheduled Date	04-20-2019
Appointment Created Date	04-20-2019 1:41 am
Appointment Description	SC
Appointment Category	NUR-SICK CALL
Priority (1=High, 5=Low)	1
Current Status	Refused
Requested by Patient?	No
Appointment Set By	Hopton, Angela
Appointment Last Modified By	Russell, Deborah
Last Modified Date and Time	04-20-2019 9:17 am
Appointment Completed By	N/A
Completed Date and Time	N/A
Appointment Change Note	IM refused to sign, refused protocol- only wanted his pain meds. IM referred to provider.
Change Note Type	Refused Appointments
Change Note Date	04-20-2019 12:00 am
Change Note By	Russell, Deborah

Appointment Scheduled Date	04-20-2019
Appointment Created Date	01-30-2019 2:22 pm
Appointment Description	BP
Appointment Category	NUR - Blood Pressure 0500

04-20-2019 8:25 am				AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-20-2019 8:25 am	Received	[blank]	Lott, Brandy	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
04-20-2019 8:25 am	Received	[blank]	Lott, Brandy	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
04-20-2019 8:25 am	Received	[blank]	Lott, Brandy	SULFA/TRIMETH 800/160 DS 800/160MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-20-2019 11:36 pm	Received	[blank]	Thompson, Donna	SULFA/TRIMETH 800/160 DS 800/160MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-20-2019 11:36 pm	Received	[blank]	Thompson, Donna	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-21-2019 9:35 am	Received	[blank]	HARRIS, STEPHANIE	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
04-21-2019 9:35 am	Received	[blank]	HARRIS, STEPHANIE	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-21-2019 9:35 am	Received	[blank]	HARRIS, STEPHANIE	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
04-21-2019 9:35 am	Received	[blank]	HARRIS, STEPHANIE	SULFA/TRIMETH 800/160 DS 800/160MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-21-2019 9:35 am	Other	not on cart	HARRIS, STEPHANIE	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
04-21-2019 7:44 pm	Received	[blank]	Boatner, Barbara	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-21-2019 7:52 pm	Received	[blank]	Boatner, Barbara	SULFA/TRIMETH 800/160 DS 800/160MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-22-2019 10:07 am	Refused	[blank]	Burkett, Cody	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-22-2019 10:07 am	Refused	[blank]	Burkett, Cody	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
04-22-2019 10:07 am	Refused	[blank]	Burkett, Cody	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
04-22-2019 10:07 am	Refused	[blank]	Burkett, Cody	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
04-23-2019 12:00 am	Received	[blank]	Gibson, Shantrell	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-23-2019 9:43 am	Refused	[blank]	Little, Karen	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-23-2019 9:43 am	Refused	[blank]	Little, Karen	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
04-23-2019 9:43 am	Refused	[blank]	Little, Karen	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
04-23-2019 9:43 am	Refused	[blank]	Little, Karen	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
04-23-2019 8:14 pm	Received	[blank]	Boatner, Barbara	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-24-2019 9:25 am	Refused	[blank]	Turks, Patrice	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
04-24-2019 11:18 am	Received	[blank]	Shelton, Kerry	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
04-24-2019 11:19 am	Received	[blank]	Shelton, Kerry	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-24-2019 11:19 am	Received	[blank]	Shelton, Kerry	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
04-24-2019 11:54 pm	Refused	[blank]	Strouse, Anna	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH TWICE A DAY
	Received	[blank]	Glenn, Tammy	

04-27-2019 2:44 pm			GIFFORD, LOLA	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-27-2019 2:44 pm	Received	[blank]	GIFFORD, LOLA	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
04-27-2019 2:44 pm	Refused	[blank]	GIFFORD, LOLA	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
04-27-2019 2:44 pm	Received	[blank]	GIFFORD, LOLA	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-27-2019 10:01 pm	Other	ordered	Glenn, Tammy	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-27-2019 10:01 pm	Received	[blank]	Glenn, Tammy	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-27-2019 10:01 pm	Received	[blank]	Glenn, Tammy	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-27-2019 10:01 pm	Received	[blank]	Glenn, Tammy	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
04-28-2019 11:39 am	Received	[blank]	HARRIS, STEPHANIE	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
04-28-2019 11:39 am	Received	[blank]	HARRIS, STEPHANIE	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
04-28-2019 11:39 am	Received	[blank]	HARRIS, STEPHANIE	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH EVERY MORNING
04-28-2019 11:39 am	Received	[blank]	HARRIS, STEPHANIE	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-28-2019 11:39 am	Received	[blank]	HARRIS, STEPHANIE	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-28-2019 11:39 am	Received	[blank]	HARRIS, STEPHANIE	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
04-28-2019 11:39 am	Received	[blank]	HARRIS, STEPHANIE	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
04-28-2019 11:39 am	Received	[blank]	HARRIS, STEPHANIE	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-28-2019 11:39 am	Received	[blank]	HARRIS, STEPHANIE	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-28-2019 9:22 pm	Received	[blank]	McCauley, Tabitha	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-28-2019 9:22 pm	Received	[blank]	McCauley, Tabitha	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
04-28-2019 9:22 pm	Received	[blank]	McCauley, Tabitha	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-28-2019 9:22 pm	Received	[blank]	McCauley, Tabitha	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-28-2019 9:23 pm	Other	na	McCauley, Tabitha	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-29-2019 9:21 am	Refused	[blank]	Little, Karen	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
04-29-2019 9:21 am	Received	[blank]	Little, Karen	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH EVERY MORNING
04-29-2019 9:21 am	Received	[blank]	Little, Karen	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
04-29-2019 9:21 am	Received	[blank]	Little, Karen	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
04-29-2019 9:21 am	Received	[blank]	Little, Karen	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
04-29-2019 9:21 am	Received	[blank]	Little, Karen	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
	Received	[blank]	Little, Karen	

04-29-2019 9:21 am				METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-29-2019 9:21 am	Other	n/a	Little, Karen	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-29-2019 9:21 am	Received	[blank]	Little, Karen	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-29-2019 9:17 pm	Received	[blank]	Lott, Brandy	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
04-29-2019 9:17 pm	Received	[blank]	Lott, Brandy	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-29-2019 9:17 pm	Received	[blank]	Lott, Brandy	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-29-2019 9:17 pm	Other	Not on cart	Lott, Brandy	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-29-2019 9:17 pm	Received	[blank]	Lott, Brandy	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-30-2019 9:10 am	Refused	[blank]	HARRIS, STEPHANIE	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-30-2019 9:10 am	Refused	[blank]	HARRIS, STEPHANIE	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
04-30-2019 9:10 am	Refused	[blank]	HARRIS, STEPHANIE	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-30-2019 9:10 am	Refused	[blank]	HARRIS, STEPHANIE	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH EVERY MORNING
04-30-2019 9:10 am	Refused	[blank]	HARRIS, STEPHANIE	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
04-30-2019 9:10 am	Refused	[blank]	HARRIS, STEPHANIE	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
04-30-2019 9:10 am	Refused	[blank]	HARRIS, STEPHANIE	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-30-2019 9:10 am	Refused	[blank]	HARRIS, STEPHANIE	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
04-30-2019 9:10 am	Refused	[blank]	HARRIS, STEPHANIE	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-30-2019 8:57 pm	Received	[blank]	Strouse, Anna	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
04-30-2019 8:57 pm	Received	[blank]	Strouse, Anna	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-30-2019 8:57 pm	Received	[blank]	Strouse, Anna	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-30-2019 8:57 pm	Received	[blank]	Strouse, Anna	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
04-30-2019 8:57 pm	Received	[blank]	Strouse, Anna	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-01-2019 9:05 am	Received	not on cart	Burkett, Cody	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-01-2019 9:05 am	Received	[blank]	Burkett, Cody	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH EVERY MORNING
05-01-2019 9:05 am	Received	[blank]	Burkett, Cody	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
05-01-2019 9:05 am	Received	[blank]	Burkett, Cody	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
05-01-2019 9:05 am	Received	[blank]	Burkett, Cody	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-01-2019 9:05 am	Received	[blank]	Burkett, Cody	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
	Received	[blank]	Burkett, Cody	

05-01-2019 9:05 am				METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-01-2019 9:05 am	Received	[blank]	Burkett, Cody	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
05-01-2019 9:05 am	Received	[blank]	Burkett, Cody	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-02-2019 10:14 am	Refused	[blank]	Little, Karen	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-02-2019 10:14 am	Refused	[blank]	Little, Karen	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
05-02-2019 10:14 am	Refused	[blank]	Little, Karen	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
05-02-2019 10:14 am	Refused	[blank]	Little, Karen	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-02-2019 10:14 am	Refused	[blank]	Little, Karen	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH EVERY MORNING
05-02-2019 10:14 am	Refused	[blank]	Little, Karen	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
05-02-2019 10:14 am	Refused	[blank]	Little, Karen	ARIPRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
05-02-2019 10:14 am	Refused	[blank]	Little, Karen	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-02-2019 11:55 pm	Received	[blank]	Turks, Patrice	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-02-2019 11:55 pm	Received	[blank]	Turks, Patrice	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-02-2019 11:55 pm	Received	[blank]	Turks, Patrice	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-02-2019 11:55 pm	Received	[blank]	Turks, Patrice	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
05-02-2019 11:55 pm	Received	[blank]	Turks, Patrice	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-03-2019 8:06 am	Refused	[blank]	Lott, Brandy	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
05-03-2019 8:07 am	Received	[blank]	Lott, Brandy	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH EVERY MORNING
05-03-2019 8:07 am	Received	[blank]	Lott, Brandy	ARIPRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
05-03-2019 8:07 am	Received	[blank]	Lott, Brandy	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
05-03-2019 8:07 am	Received	[blank]	Lott, Brandy	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
05-03-2019 8:07 am	Received	[blank]	Lott, Brandy	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-03-2019 8:07 am	Received	[blank]	Lott, Brandy	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-03-2019 8:08 am	Other	Not on cart	Lott, Brandy	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-03-2019 8:59 pm	Other	not available	Long, Rene	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-03-2019 8:59 pm	Received	[blank]	Long, Rene	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
05-03-2019 8:59 pm	Received	[blank]	Long, Rene	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-03-2019 8:59 pm	Received	[blank]	Long, Rene	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
	Received	[blank]	Long, Rene	

05-08-2019 9:57 am				METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-08-2019 9:57 am	Received	[blank]	Burkett, Cody	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
05-08-2019 9:57 am	Received	[blank]	Burkett, Cody	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH EVERY MORNING
05-08-2019 9:57 am	Received	[blank]	Burkett, Cody	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-08-2019 10:59 pm	Received	[blank]	Strouse, Anna	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
05-08-2019 10:59 pm	Received	[blank]	Strouse, Anna	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-08-2019 10:59 pm	Received	[blank]	Strouse, Anna	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-08-2019 10:59 pm	Received	[blank]	Strouse, Anna	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-08-2019 10:59 pm	Received	[blank]	Strouse, Anna	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-09-2019 10:15 am	Refused	[blank]	Burkett, Cody	AMLODIPINE 10MG TAKE 1 TABLET BY MOUTH EVERY MORNING
05-09-2019 10:15 am	Refused	[blank]	Burkett, Cody	ARIPIRAZOLE 2MG 2MG TAKE 1 TABLET BY MOUTH ONCE DAILY
05-09-2019 10:15 am	Refused	[blank]	Burkett, Cody	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
05-09-2019 10:15 am	Refused	[blank]	Burkett, Cody	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
05-09-2019 10:15 am	Refused	[blank]	Burkett, Cody	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
05-09-2019 10:15 am	Refused	[blank]	Burkett, Cody	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-09-2019 10:15 am	Refused	[blank]	Burkett, Cody	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-09-2019 10:15 am	Refused	[blank]	Burkett, Cody	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-09-2019 10:15 am	Refused	[blank]	Burkett, Cody	NAPROXEN 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-10-2019 12:09 am	Received	[blank]	Glenn, Tammy	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-10-2019 12:09 am	Received	[blank]	Glenn, Tammy	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
05-10-2019 12:09 am	Received	[blank]	Glenn, Tammy	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-10-2019 12:09 am	Received	[blank]	Glenn, Tammy	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-10-2019 8:57 am	Received	[blank]	Lott, Brandy	polyethylene glycol 17G/DOSE MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING
05-10-2019 8:57 am	Received	[blank]	Lott, Brandy	Neurontin 800MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-10-2019 8:57 am	Received	[blank]	Lott, Brandy	METOPROLOL TARTRATE 25MG 25MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-10-2019 8:57 am	Received	[blank]	Lott, Brandy	METHOCARBAMOL 500MG 500MG TAKE 1 TABLET BY MOUTH TWICE A DAY
05-10-2019 8:57 am	Received	[blank]	Lott, Brandy	FERROUS SULFATE 325(65)MG TAB 325MG 1 EA [PO] By Mouth QAM
05-10-2019 8:57 am	Received	[blank]	Lott, Brandy	DOXYCYCLINE 100MG CAP 100MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY
	Received	[blank]	Lott, Brandy	

5865-19*1	Mental Health - Mental Health Professional Note	Patient educated on how to request follow-up services.	Yes	Iaboni, Anna Grace	05-10-2019 9:08 am
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Allergies	risperadal, zyprexa	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Initial Complaint	sharp stabbing pain spine and under left breast 1900	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	History of:	Cardiac Disease	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	History of:	Hypertension	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Current Medications	DOXYCYCLINE 100MG CAP 100MG CA BID; Directions: TAKE 1 CAPSULE BY MOUTH TWICE A DAY; NAPROXEN 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; Neurontin 800MG TA BID; Directions: 1 Tablet [PO] By Mouth BID ; AMLODIPINE 10MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH EVERY MORNING; METOPROLOL TARTRATE 25MG 25MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; METHOCARBAMOL 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; ARIPIRAZOLE 2MG 2MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH ONCE DAILY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS SULFATE 325(65)MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	When did pain start?	after lunch	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	How long did the pain last?	still has it	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	What were you doing when the pain started?	ate lunch	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Did pain start:	Sudden	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Rate the level of pain on a scale of 1-10 with 1 being low and 10 being intense	9	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Where is the pain?	spine around chest and under left breast	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Is the pain relieved by belching?	No	Hopton, Angela	05-15-2019 10:41 pm

5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Radiation	its hurting shoulders to low back he feels like the spinal cage is broken and piking him also.	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Does anything make the pain better?	no	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Does anything make the pain worse?	no	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Have you had this pain before?	No	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Other symptoms:	none	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Recent trauma?	no	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	General Appearance	none	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Neck	no neck vein distention	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Lungs	clear	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Heart	rrr	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Vitals	[blank]	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Alteration in comfort r/t Chest Pain	[blank]	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Repeat Vital Signs	05/15/2019 1920	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Vitals	increased comfort, inmate given antacid, inmate to be seen in am. Call if assistance is needed. assisted patient with evening meds.	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Vitals	[blank]	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Vitals	[blank]	Hopton, Angela	05-15-2019 10:41 pm
		[blank]	[blank]		

5865-19*1	Nursing Protocol - Chest Pain/Indigestion			Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Contact Provider for further order.	No	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Patient education	Instructed to rest	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Patient education	avoid caffeine	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Patient education	eat small means and chew slowly	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Patient education	Follow-up sick call if no improvement	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Nursing Protocol - Chest Pain/Indigestion	Patient education	Patient verbalizes understanding of instructions	Hopton, Angela	05-15-2019 10:41 pm
5865-19*1	Mental Health - Psychiatry Note	Current Housing Status	General Population	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Reason For Mental Health Encounter	Patient Request	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Patient's Report of Current Functioning	The patient has continued to experience depression.	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Current Medications	VENLAFAXINE ER 75MG TABLET 75 MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ; MIRTAZAPINE 30MG 30MG EA QHS; Directions: 1 EA [PO] By Mouth QHS ; ARIPIRAZOLE 2MG 2MG TA QAM; Directions: 1 EA [PO] By Mouth QAM ; METOPROLOL TARTRATE 50MG 50MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; NAPROXEN 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; DOXYCYCLINE 100MG CAP 100MG CA BID; Directions: TAKE 1 CAPSULE BY MOUTH TWICE A DAY; NAPROXEN 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; Neurontin 800MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; AMLODIPINE 10MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH EVERY MORNING; METHOCARBAMOL 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS SULFATE 325 (65)MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Appearance (check all that apply)	Adequately Groomed	Thompson, Jeremy	05-17-2019 9:11 pm

					05-16-2019 10:23 am
5865-19*1	Provider Note	Chief Complaint	chest pain	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	History of Present Illness	Chest pain last night, dyspepsia; also with hip pain after fall	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Current Medications	DOXYCYCLINE 100MG CAP 100MG CA BID; Directions: TAKE 1 CAPSULE BY MOUTH TWICE A DAY; NAPROXEN 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; Neurontin 800MG TA BID; Directions: 1 Tablet [PO] By Mouth BID ; AMLODIPINE 10MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH EVERY MORNING; METOPROLOL TARTRATE 25MG 25MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; METHOCARBAMOL 500MG 500MG TA BID; Directions: TAKE 1 TABLET BY MOUTH TWICE A DAY; ARIPIRAZOLE 2MG 2MG TA QAM; Directions: TAKE 1 TABLET BY MOUTH ONCE DAILY; polyethylene glycol 17G/DOSE PA QAM; Directions: MIX 1 CAPFUL IN 8OZ WATER IN THE MORNING; FERROUS SULFATE 325(65) MG TAB 325MG EA QAM; Directions: 1 EA [PO] By Mouth QAM ;	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Past Medical History	HTN	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Patient Vitals	[blank]	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	General	NAD	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Head	Normocephalic	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Head	Atraumatic	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Eyes	PERLA	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Eyes	EOMI	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Eyes	Sclera Clear	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Eyes	Conjunctiva Clear	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Ears	EAC's Normal	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Nose	No Nasal Congestion or Drainage	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Nose	Turbinates Normal	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Mouth	Tongue is midline with no deviation or tremor	Tilley, Absalom	05-16-2019 10:23 am

EXHIBIT 6-A - P. 55

5865-19*1	Provider Note	Mouth	No pharyngeal erythema	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Mouth	No exudates	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Mouth	Dentition in good condition	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Neck	Neck supple	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Neck	No JVD	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Neck	No thyromegaly	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Neck	No adenopathy	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Neck	Trachea is midline	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Neck	No carotid bruits	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Skin	No Rash	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Skin	No Lesions	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Skin	No Ecchymosis	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Skin	Warm	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Skin	Dry	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Skin	Normal Color	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Skin	Normal Turgor	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Chest	No wheezes	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Chest	No rales	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Chest	No rhonchi	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Heart	Normal S1 & S2	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Heart	No S3, S4, Gallops, or Rubs	Tilley, Absalom	

EXHIBIT 6-A - P. 56

					05-16-2019 10:23 am
5865-19*1	Provider Note	Heart	No Murmurs or Clicks	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Abdomen	Normal BS x 4	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Abdomen	Soft	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Abdomen	Nontender	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Extremities	No cyanosis	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Extremities	No clubbing	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Extremities	No edema	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Spine	C-spine good ROM	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Spine	T-spine good ROM	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Spine	L-spine good ROM	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Neurologic	Strength symmetrical	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Neurologic	No sensory deficits	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Neurologic	No motor deficits	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Mental Status	Oriented to person	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Mental Status	Oriented to place	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Mental Status	Oriented to time	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Mental Status	Oriented to situation	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Mental Status	Normal demeanor	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Mental Status	Normal hygiene	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Mental Status	Normal affect	Tilley, Absalom	

EXHIBIT 6-A - P. 57

					05-16-2019 10:23 am
5865-19*1	Provider Note	Gait	Normal speed (Wheelchair)	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Gait	Appears safe (Wheelchair)	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Female GU	na	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Male GU	na	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Assessment	Chest pain with poorly controlled HTN; hip pain s/p fall	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Medication Orders	No	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Additional Orders	X-ray (R hip)	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Follow-up Care	CCC 1 month	Tilley, Absalom	05-16-2019 10:23 am
5865-19*1	Provider Note	Education	Other (Specify) (Adaptation to prison environment)	Tilley, Absalom	05-16-2019 10:23 am

Patient Request Forms

(No Records)

Education Forms

Booking Number	Form Name	Form Item	Item Response	Interviewer	Interview Date
5079-18	Intake Screening - TCU DRUG SCREEN 5	Did you use larger amounts of drugs or use them for a longer time that you planned or intended?	No	Pomaybo, Shane	03-27-2018 5:29 am
5079-18	Intake Screening - TCU DRUG SCREEN 5	Did you try to control or cut down on your drug use but were unable to do it?	No	Pomaybo, Shane	03-27-2018 5:29 am
5079-18	Intake Screening - TCU DRUG SCREEN 5	Did you spend a lot of time getting drugs, using them, or recovering from their use?	No	Pomaybo, Shane	03-27-2018 5:29 am
5079-18	Intake Screening - TCU DRUG SCREEN 5	Did you have a strong desire or urge to use drugs?	No	Pomaybo, Shane	03-27-2018 5:29 am
5079-18	Intake Screening - TCU DRUG SCREEN 5	Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	No	Pomaybo, Shane	03-27-2018 5:29 am

EXHIBIT 6-A - P. 58

5865-19*1	Mental Health - Psychiatry Note	Behavior (check all that apply)	Cooperative	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Alert	Yes	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Orientation: Oriented to person, place, time and situation?	Yes	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Mood	Euthymic/pleasant	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Affect	Appropriate	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Affect congruent with thoughts and mood?	Yes	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Perception	Denied hallucinations within past 90 days	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Are hallucinations currently causing significant distress or impaired functioning?	Yes (explain at right):	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Speech	Appropriate	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Thought Processes/Content	Logical	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Memory	Memory functions grossly intact	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Insight	Fair	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Judgment	Fair	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Suicidal/Homicidal Ideation - Reported thoughts/plans of self-injury/homicide:	Denied	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Psychotropic Medication	Current prescription at time of arrest	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	If medication prescribed historically	Compliant	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Participation	Active engagement	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Provisional DSM 5 Diagnosis	Effexor and mirtazapine	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Current symptom severity	Moderate - Minor impact on inmate's ability to function satisfactorily in the current setting.	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Progress after mental health encounter	No Change	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Overall progress	No Change	Thompson, Jeremy	

					05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Treatment Plan	Start Medications	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Medication Consent Verified	Yes	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Follow-up:	Psychiatry follow-up 90 days	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Patient communicates a willingness to notify security/medical personnel of any suicidal/homicidal ideation or intent.	Yes	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Education provided:	How to access additional health services	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Education provided:	Treatment Plan	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Education provided:	Medication side effects reviewed	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Education provided:	Medication compliance benefits	Thompson, Jeremy	05-17-2019 9:11 pm
5865-19*1	Mental Health - Psychiatry Note	Education provided:	Potential for discontinuation of medications if below 75% compliant	Thompson, Jeremy	05-17-2019 9:11 pm

Patient History Forms

(No Records)

Subjective Interview Form

Booking Number	Form Name	Form Item	Item Response	Interviewer	Interview Date
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Allergies	Medication - Please note (HALDOL, ZYPREXA, RESPERIDONE, CODEINE)	Roberts, Kendra	01-30-2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special	Initial Intake Medical, Mental Health, and Tuberculosis Screening reviewed?	Yes	Roberts, Kendra	01-30-2019 2:17 pm

	Needs Note				
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Has a TB skin test or chest x-ray been completed this incarceration?	No	Roberts, Kendra	01-30-2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Clinic	Cardiovascular (PARALIZED WAIST DOWN)	Roberts, Kendra	01-30-2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Clinic	Physical Disability (PARALIZED WAIST DOWN)	Roberts, Kendra	01-30-2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	History of Condition(s) (Onset)	IM HERE FOR CC VISIT AND F/U RECENT HOSPITALIZATION. IM REPORTS DX WITH HTN YEARS AGO. IM REPORTS INTERMITTENT SOB IM DENIES CHEST PAIN, DIZZINESS, PALPITATIONS AT THIS TIME. IM BP ELEVATED, IM BELIEVE DUE TO PAIN. IN REPORTS GSW IN 2012 LEFT PARALYZED WAIST DOWN. IM IS CONTINENT AND HAS A SUPRAPUBIC CATH (YELLOW URINE, NO SEDIMENT). IM CURRENTLY USING WHEELCHAIR. IM HAS A HX OF RECURRENT MRSA INFECTIONS/BACTEREMIAS. RECENTLY ADMITTED DUE TO MRSA L4-5 VERTEBRAL OSTEOMYELITIS, HE UNDERWENT DISKETOMY. ON 1/25/19 HE HAD A SURGICAL F/U AFTER SPINAL FUSION REVISION. IM REPORTS SUPPOSE TO HAVE FOLLOWED UP AND TO HAVE SUTURES REMOVED (> 20, INTACT, NO SIGNS OF INFECTION), HOWEVER, MISSED APPOINTMENT. IM REPORTS SUPPOSE TO RETURN THIS FRIDAY. IN MEDICAL RECORDS IM WAS TO RETURN 1/25/19 AND TO F/U IN 6 WEEKS.	Roberts, Kendra	01-30-2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Current Complaints/Problems	INITIAL CC: HTN	Roberts, Kendra	01-30-2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Personal Risk Factors	Smoker (1/2 PPD)	Roberts, Kendra	01-30-2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Personal Risk Factors	Substance Abuse (1/2 PPD)	Roberts, Kendra	01-30-2019 2:17 pm

EXHIBIT 6-A - P. 61

	Intake Screening - Medical				03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Diabetes? Do you use Insulin? (Type or Dose) Note Current FSBS Do you consider your diabetes as under good control?	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Seizures? Note date of last seizure.	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	HIV? If yes how long? Current Meds? Date of last lab? Current Provider? Date of last Pneumovax Date of last Flu Vaccine	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Current STD's? If yes, what type? Are you receiving treatment?	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Liver Disease or Hepatitis? If yes, note type and for how long.	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Sickle Cell Disease?	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Other Health Issues	e-coli, cloudy dark urine, pt said severe pain in back	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Do you have a history of TB treatment or a Positive Skin Test? If yes, please note when, where and the date of last treatment.	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	**IS THE DETAINEE AN ICE OR USMS INMATE?**	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Major Dental Conditions?	No	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Mental Health Condition? (Complete Mental Health Intake Screening on every person)	Yes (schizophrenic)	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Appearance	Unremarkable	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Behavior	Appropriate	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	State of Consciousness	Alert	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Ease of Movement	Deformities (paraplegic wheelchair rods and pins in right leg)	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Ease of Movement	Assistive Device (paraplegic wheelchair rods and pins in right leg)	Pomaybo, Shane	03-27-2018 5:27 am
5079-18	Intake Screening - Medical	Skin Conditions:	Sores (pt states he has bed sores on his buttocks)	Pomaybo, Shane	03-27-2018 5:27 am
5079-18		Have you ever had or are you currently having any	No	Pomaybo, Shane	

	H&P and/or Special Needs Note				
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Assessment/Diagnosis	HTN NICOTINE USE DISORDER MH SUBSTANCE USE DISORDER PARALYZED WAIST DOWN NEUROGENIC BLADDER, SUPRAPUBIC CATH S/P SPINAL FUSION REVISION, SUTURES	Roberts, Kendra	01-30- 2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Degree of Control	Good	Roberts, Kendra	01-30- 2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Status	Improving	Roberts, Kendra	01-30- 2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Medications	CONTINUE CURRENT MEDICATIONS START GABAPENTIN, MOBIC CLONIDINE NOW	Roberts, Kendra	01-30- 2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Vaccinations	Flu (Nov-Feb)	Roberts, Kendra	01-30- 2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Vaccinations	Pneumovax (per guidelines)	Roberts, Kendra	01-30- 2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Diagnostics	ECG/EKG (UA)	Roberts, Kendra	01-30- 2019 2:17 pm
1657-19	Chronic Care, Provider H&P and/or Special Needs Note	Diagnostics	Other (specify) (UA)	Roberts, Kendra	01-30- 2019 2:17 pm

EXHIBIT 6-A - P. 63

EXHIBIT

6-B

out to hospital

PULASKI COUNTY REGIONAL DETENTION CENTER

MEDICAL INMATE REQUEST FORM

This form is for obtaining information from medical. You may request to review your medical records, ask a general question, check on the status of referred appointment for outside services, mental health or dental. It is not to avoid the sick call process. If you have a medical issue it must still go through the sick call process. Only one issue per request form.

Inmate Name: CARLOS HALL

Date of Birth: [REDACTED]

Barracks: U B# 5865-19

Date of Request: 4-14-19

Question: I need to speak to...
CLASSIFICATION ASAP. I'm in U unit

with no discipline, MAY I please
Be put in W1 or W3
please. I can't take a
shower in this unit, it's
not right. That's where I was at
last time I was here.

Inmate Signature: Carlos Hall

Medical Response:

Medical Signature:

I need
to be
where I
can move
around

FORMULARIO DE SOLICITUD DE LLAMADA DE ENFERMOS

Nombre del preso: Carlos Hall DOB: [REDACTED] Número de recluso: 5865-19Fecha: ✓ Instalaciones: _____ Ubicación/Bajo: W-3-2

RAZÓN DE LA SOLICITUD:

TERRIBLE LOWER BACK PAIN, AND SPASMS
LOWER BACK, down to my feet, makes it
impossible to Relax or Sleep

1. Internos acceso a salud o servicios farmacéuticos se cobrará de acuerdo con los estatutos de OKLAHOMA. Please Help me!
Failed to see the doctor ASAP.
2. Los reclusos no se les negará asistencia médica debido a la incapacidad para pagar o debido a fondos insuficientes en su cuenta recluso.
3. Honorarios por servicios médicos se deducirá directamente de la cuenta del internado. SI HAY FONDOS INSUFICIENTES EN LA CUENTA, SE DEBITARÁN LOS GASTOS Y LA CUENTA MUESTRA UN SALDO NEGATIVO. CUALQUIER dinero depositado en una cuenta con un saldo negativo se utilizará para satisfacer la deuda con el fondo antes de ser disponible para Comisaría servicios.

FIRMAS DE RECLUSOS SON NECESARIAS ANTES DE LA PRESENTACIÓN DE SOLICITUDES, Y FIRMAS RECONOCEN LA COMPRENSIÓN DE LOS PROCESOS DE LA ENFERMEDAD LLAMADA.

FIRMA DEL PRESO

FECHA

**** USO DE PERSONAL MÉDICO POR DEBAJO DE ESTA CAJA ****

RECEIVED BY MEDICAL:

MEDICAL SIGNATURE

DATE/TIME

ACTION TO BE TAKEN:

☒ SCHEDULE FOR SICK CALL☒ SCHEDULE FOR PROVIDER CLINIC☐ WRITTEN RESPONSE TO INQUIRY☐ OTHER: _____

MEDICAL RESPONSE:

MEDICAL SIGNATURE

DATE/TIME

TURN KEY HEALTH

EXHIBIT

6-C



SICK CALL REQUEST FORM

INMATE NAME: CARLOS HALL DOB: [REDACTED] INMATE NUMBER: 54323
 DATE: 4/21/19 FACILITY: W-3 LOCATION/POD: W-3
PODC

REASON FOR REQUEST:

Terrible Pain, Back; Leg, Chest, Feet
I can't sleep the pain is unbearable
Just had surgery 5 months ago
I'm hurting Back, regular heart beats

1. INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH ARKANSAS STATUTES. JAMES LEFT ME FOR FOUR DAYS. IT'S SO BAD FOR ME!
2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT FUNDS IN THEIR INMATE ACCOUNT.
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE INSUFFICIENT FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. ANY MONEY DEPOSITED INTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL BE USED TO SATISFY THE DEBT WITH THE FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES.

INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS, AND SIGNATURES ACKNOWLEDGE UNDERSTANDING OF THE SICK CALL PROCESS.

Carlos Hall 4/21/19
 INMATE SIGNATURE DATE

MEDICAL STAFF USE ONLY BELOW THIS BOX

RECEIVED BY MEDICAL:

H. Weatherly RN 4/21/19 2215
 MEDICAL SIGNATURE DATE/TIME

ACTION TO BE TAKEN:

- ☐ SCHEDULE FOR SICK CALL ☒ SCHEDULE FOR PROVIDER CLINIC ☐ WRITTEN RESPONSE TO INQUIRY
☐ OTHER: _____

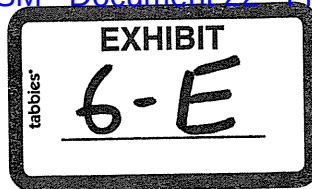
MEDICAL RESPONSE:

Refer. Sick call request to see provider

[Signature] 4/22/19 12:00
 MEDICAL SIGNATURE DATE/TIME

TURN KEY HEALTH

ARKANSAS



SICK CALL REQUEST FORM

INMATE NAME: CARLOS HALLDOB: [REDACTED]INMATE NUMBER: 54323DATE: 4/22/19FACILITY: PERCLOCATION/POD: W-3

REASON FOR REQUEST:

Terrible PAIN ¹⁰ Back, Right Leg Bottom of foot
suffering High blood pressure constant pain
CAN'T sleep at night ringing in both ears
I just had surgery twice 4 mo ago, I'm in PAIN!

1. INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH ARKANSAS STATUTES.
2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT FUNDS IN THEIR INMATE ACCOUNT. PAIN IS Level 10 Worst EVER!
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE INSUFFICIENT FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. ANY MONEY DEPOSITED INTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL BE USED TO SATISFY THE DEBT WITH THE FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES.

INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS, AND SIGNATURES ACKNOWLEDGE UNDERSTANDING OF THE SICK CALL PROCESS.

INMATE SIGNATURE

DATE

RECEIVED BY MEDICAL:

MEDICAL SIGNATURE

DATE/TIME

ACTION TO BE TAKEN:

☐ SCHEDULE FOR SICK CALL☐ SCHEDULE FOR PROVIDER CLINIC☐ WRITTEN RESPONSE TO INQUIRY☐ OTHER: _____

MEDICAL RESPONSE:

Refused

MEDICAL SIGNATURE

DATE/TIME

TURN KEY HEALTH

ARKANSAS



Atten
Mrs. Roberts

SICK CALL REQUEST FORM

INMATE NAME: CARLOS HALL DOB: [REDACTED] INMATE NUMBER: 54323
 DATE: 4/23/19 FACILITY: PCDC LOCATION/POD: W-3

REASON FOR REQUEST: I missed yesterday seeing you, Because I went

For Evaluation at the State Hospital. I'm in
so much pain I CAN'T BARE it! From 1-10
my pain level is 10. My Lower Back Chest, And
Right Leg. I have a tumor cage on my spine. AND Right

1. INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH ARKANSAS STATUTES. need help!
2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT FUNDS IN THEIR INMATE ACCOUNT. I AINT had my meds I CAN'T sleep!
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE INSUFFICIENT FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. ANY MONEY DEPOSITED INTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL BE USED TO SATISFY THE DEBT WITH THE FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES. since I been here!

INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS AND SIGNATURES ACKNOWLEDGE UNDERSTANDING OF THE SICK CALL PROCESS.

INMATE SIGNATURE: [Signature] DATE: 4/23/19

MEDICAL STAFF USE ONLY BELOW THIS BOX

RECEIVED BY MEDICAL:

MEDICAL SIGNATURE: [Signature] DATE/TIME: 4/24/19 2010

ACTION TO BE TAKEN:

- ☐ SCHEDULE FOR SICK CALL ☐ SCHEDULE FOR PROVIDER CLINIC ☒ WRITTEN RESPONSE TO INQUIRY
☐ OTHER: _____

MEDICAL RESPONSE:

MEDICAL SIGNATURE: [Signature] DATE/TIME: 4/25/19 0707

TURN KEY HEALTH

ARKANSAS



WAIVER OF TREATMENT/EVALUATION

(Form must be completed in its entirety)

PATIENT 5865-19#1 Hall, Carlos Date 4-23-19 Time 0820

I certify that I am refusing to consent to the following treatment/procedure/diagnostic test/medication/outside referral/laboratory at my own insistence and against the advice of the health care provider.

1. Refusal for: Nervase, Abilify, Iron, Miralax

Reason for the refusal: Didn't want

2. I have been informed by a qualified healthcare professional of the risks attendant to my refusal. These include:

Health Risk

3. During the clinical interview which included counseling and education, the qualified healthcare professional has given me the opportunity to ask questions and has answered my questions.

4. I assume full responsibility for any results caused by my decision and I hereby release the institution, its employees, officers, and the provider from all legal responsibility and liability.

5. I certify that I am of sound mind and have read, or had read to me, and fully understand the above information concerning my refusal to accept treatment/evaluation and have had an opportunity to ask questions before I affix my signature.

6. I understand I may retract my decision and receive the treatment/procedure/diagnostic test/medication/outside referral/laboratory, although consequences due to the delay may result.

Patient Signature

Date

K Little LPN
Qualified Healthcare Professional

4-23-19
Date

Deputy C Harris
Witness

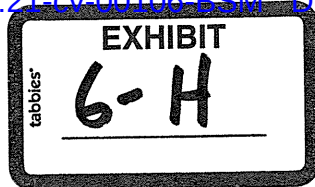
1818
4-23-19
Date

If the patient refuses to sign such a statement, he/she cannot be forced to do so legally nor may release be withheld until the patient signs. If this occurs, the form should be filled out, witnessed by two facility personnel and the statement documented on the form, "SIGNATURE REFUSED".

EXHIBIT

tabbies

6-6



SICK CALL REQUEST FORM

INMATE NAME: CARLOS HALLDOB: [REDACTED]INMATE NUMBER: 54323DATE: 4/24/19FACILITY: PCDCLOCATION/POD: VH-3

REASON FOR REQUEST:

in TERR BL PAIN Chest Back Right
leg And Both Feet. I have A Cast on
my spine. I have major surgery 4/19
as I do 4/19. I'm not get that surgery

1. INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH ARKANSAS STATUTES. I'm in here suffering
2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT FUNDS IN THEIR INMATE ACCOUNT.
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE INSUFFICIENT FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. ANY MONEY DEPOSITED INTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL BE USED TO SATISFY THE DEBT WITH THE FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES.

INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS, AND SIGNATURES ACKNOWLEDGE UNDERSTANDING OF THE SICK CALL PROCESS.

INMATE SIGNATURE

DATE

MEDICAL STAFF USE ONLY BELOW THIS BOX

RECEIVED BY MEDICAL:

MEDICAL SIGNATURE

DATE/TIME

ACTION TO BE TAKEN:

☐ SCHEDULE FOR SICK CALL☐ SCHEDULE FOR PROVIDER CLINIC☒ WRITTEN RESPONSE TO INQUIRY☐ OTHER: _____

MEDICAL RESPONSE:

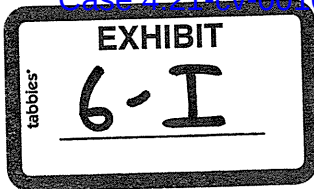
You saw the provider and she has done all
she can for you. We are giving you
everything we can at this time.

MEDICAL SIGNATURE

DATE/TIME

TURN KEY HEALTH

ARKANSAS



Attn Mrs Roberts!

SICK CALL REQUEST FORM

INMATE NAME: CARLOS HALL DOB: [REDACTED] INMATE NUMBER: 5865-1941
 DATE: 4-24-19 FACILITY: POCC LOCATION/POD: W 3

REASON FOR REQUEST:

CAN'T Sleep!
TERRIBLE PAIN! Bed Sores! Butth Pain!
Right Leg, And Chest Pains. Bag (wound)
IS Looking Bad. I Need proper Treatment
I'm tired of Being Ignored! Help me!

1. INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED ACCORDANCE WITH ARKANSAS STATUTES.
2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT THEIR INMATE ACCOUNT.
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. IF NO MONEY DEPOSITED INTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL BE USED TO SATISFY THE DEBT FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES.

INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS, AND SIGNATURES ACKNOWLEDGE UNDER THE SICK CALL PROCESS.

[Signature]
 INMATE SIGNATURE

4-24-19
 DATE

MEDICAL STAFF USE ONLY BELOW THIS BOX

RECEIVED BY MEDICAL:

[Signature]
 MEDICAL SIGNATURE

4/25/19
 DATE/TIME

ACTION TO BE TAKEN:

Received by MHA@4.27.19@ 0530 Jackson MHP

- ☒ SCHEDULE FOR SICK CALL ☐ SCHEDULE FOR PROVIDER CLINIC ☐ WRITTEN RESPONSE TO INQUIRY
☐ OTHER: _____

MEDICAL RESPONSE:

Trouful somatic complaints anxious
IM refused to get up; see note in the system

[Signature]
 MEDICAL SIGNATURE

4/26/19
 DATE/TIME

Facts n. MS
4.27.19@0554

TURN KEY HEALTH

ARK

This Chair is
 Tearing my Bottom Up!

WAIVER OF TREATMENT/EVALUATION
(Form must be completed in its entirety)



PATIENT 5865-19#1 Hall, Carlos Date 4-29-19 Time 0920

I certify that I am refusing to consent to the following treatment/procedure/diagnostic test/medication/outside referral/laboratory at my own insistence and against the advice of the health care provider.

1. Refusal for: Miralax

Reason for the refusal: Didn't want

2. I have been informed by a qualified healthcare professional of the risks attendant to my refusal. These include:

Health Risk

3. During the clinical interview which included counseling and education, the qualified healthcare professional has given me the opportunity to ask questions and has answered my questions.
4. I assume full responsibility for any results caused by my decision and I hereby release the institution, its employees, officers, and the provider from all legal responsibility and liability.
5. I certify that I am of sound mind and have read, or had read to me, and fully understand the above information concerning my refusal to accept treatment/evaluation and have had an opportunity to ask questions before I affix my signature.
6. I understand I may retract my decision and receive the treatment/procedure/diagnostic test/medication/outside referral/laboratory, although consequences due to the delay may result.

Signature Carlos Hall Date 4-29-19
Qualified Healthcare Professional K. Little LPN Date 4-29-19

Witness

Date

If patient refuses to sign such a statement, he/she cannot be forced to do so legally nor may release be withheld until signs. If this occurs, the form should be filled out, witnessed by two facility personnel and the statement noted on the form, "SIGNATURE REFUSED".

EXHIBIT

6-K

SICK CALL REQUEST FORM

INMATE NAME: CARLOS HALLDOB: [REDACTED]INMATE NUMBER: 543DATE: 5/1/19FACILITY: PCR 17LOCATION/POD: W-3

REASON FOR REQUEST:

I am suffering with Pain! I can't
sleep, my back hurts, I have
metal in my body I have

1. INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH ARKANSAS STATUTES.
2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT FUNDS IN THEIR INMATE ACCOUNT.
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE INSUFFICIENT FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. ANY MONEY DEPOSITED INTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL BE USED TO SATISFY THE DEBT WITH THE FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES.

INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS, AND SIGNATURES ACKNOWLEDGE UNDERSTANDING OF THE SICK CALL PROCESS.

INMATE SIGNATURE: Carlos HallDATE: 5-1-19

MEDICAL STAFF USE ONLY BELOW THIS BOX

RECEIVED BY MEDICAL:

MEDICAL SIGNATURE: [Signature]DATE/TIME: 5-1-19 2:15

ACTION TO BE TAKEN:

☒ SCHEDULE FOR SICK CALL☐ SCHEDULE FOR PROVIDER CLINIC☐ WRITTEN RESPONSE TO INQUIRY☐ OTHER: _____

MEDICAL RESPONSE:

RefusedMEDICAL SIGNATURE: [Signature]DATE/TIME: 5/2/19 @ 1005

TURN KEY HEALTH

ARKANSAS

WAIVER OF TREATMENT/EVALUATION (Form must be completed in its entirety)

5865-19*1
 PATIENT Hall, Carlos Date 5-2-19 Time 1000

I certify that I am refusing to consent to the following treatment/procedure/diagnostic test/medication/outside referral/laboratory at my own insistence and against the advice of the health care provider.

1. Refusal for: Amlodipine, Abilify, Doxycycline, Iron, Robaxon, metoprolol, Neurontin, Mircalax
 Reason for the refusal: Didn't want

2. I have been informed by a qualified healthcare professional of the risks attendant to my refusal. These include:

Health Risk

3. During the clinical interview which included counseling and education, the qualified healthcare professional has given me the opportunity to ask questions and has answered my questions.
4. I assume full responsibility for any results caused by my decision and I hereby release the institution, its employees, officers, and the provider from all legal responsibility and liability.
5. I certify that I am of sound mind and have read, or had read to me, and fully understand the above information concerning my refusal to accept treatment/evaluation and have had an opportunity to ask questions before I affix my signature.
6. I understand I may retract my decision and receive the treatment/procedure/diagnostic test/medication/outside referral/laboratory, although consequences due to the delay may result.

Signature

Date

K Little RN 5-2-19
 Qualified Healthcare Professional Date

Doc S. Allen 2753 5/2/19
 Witness Date

If patient refuses to sign such a statement, he/she cannot be forced to do so legally nor may release be withheld until signed. If this occurs, the form should be filled out, witnessed by two facility personnel and the statement signed on the form, "SIGNATURE REFUSED".

EXHIBIT

6-L



TURN KEY HEALTH

WAIVER OF TREATMENT/EVALUATION
(Form must be completed in its entirety)

W-3-2

PATIENT

Hall, Carlos
5865-1941

Date

05/02/19

Time

10:05

I certify that I am refusing to consent to the following treatment/procedure/diagnostic test/medication/outside referral/laboratory at my own insistence and against the advice of the health care provider.

1.

Refusal for:

Sick call

Reason for the refusal:

Came to clinic and decided he didn't
want to wait to be seen

2.

I have been informed by a qualified healthcare professional of the risks attendant to my refusal. These include:

Change in health status.

3.

During the clinical interview which included counseling and education, the qualified healthcare professional has given me the opportunity to ask questions and has answered my questions.

4.

I assume full responsibility for any results caused by my decision and I hereby release the institution, its employees, officers, and the provider from all legal responsibility and liability.

5.

I certify that I am of sound mind and have read, or had read to me, and fully understand the above information concerning my refusal to accept treatment/evaluation and have had an opportunity to ask questions before I affix my signature.

6.

I understand I may retract my decision and receive the treatment/procedure/diagnostic test/medication/outside referral/laboratory, although consequences due to the delay may result.

Patient Signature

Date

Qualified Healthcare Professional

Date

Witness

Date

If the patient refuses to sign such a statement, he/she cannot be forced to do so legally nor may release be withheld until offender signs. If this occurs, the form should be filled out, witnessed by two facility personnel and the statement documented on the form, "SIGNATURE REFUSED".

EXHIBIT

tabbies

6-M



SICK CALL REQUEST FORM

INMATE NAME: CARLOS HAN DOB: [REDACTED] INMATE NUMBER: 1323
 DATE: 5-9-19 FACILITY: PCROE LOCATION/POD: 1-3

REASON FOR REQUEST:

Foot & Legs are swollen
I need medical help to my
blood can't flow in them (legs)
Don't have any other options AT

1. INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH ARKANSAS STATUTES.
2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT FUNDS IN THEIR INMATE ACCOUNT.
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE INSUFFICIENT FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. ANY MONEY DEPOSITED INTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL BE USED TO SATISFY THE DEBT WITH THE FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES.

INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS, AND SIGNATURES ACKNOWLEDGE UNDERSTANDING OF THE SICK CALL PROCESS.

INMATE SIGNATURE

DATE

MEDICAL STAFF USE ONLY BELOW THIS BOX

RECEIVED BY MEDICAL:

MEDICAL SIGNATURE

DATE/TIME

ACTION TO BE TAKEN:

- ☐ SCHEDULE FOR SICK CALL ☐ SCHEDULE FOR PROVIDER CLINIC ☐ WRITTEN RESPONSE TO INQUIRY
☐ OTHER: _____

MEDICAL RESPONSE:

Replaced TED hose c XL

[Signature]
 MEDICAL SIGNATURE

5/12/19 1330
 DATE/TIME

TURN KEY HEALTH

ARKANSAS

SICK CALL REQUEST FORM

INMATE NAME: CARLOS HALL DOB: [REDACTED] INMATE NUMBER: 54323
 DATE: 5/9/19 FACILITY: PCRC LOCATION/POD: VV-3

REASON FOR REQUEST:

depression, not getting proper
treatment physically. I was turned
down several times

1. INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH ARKANSAS STATUTES.
2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT FUNDS IN THEIR INMATE ACCOUNT.
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE INSUFFICIENT FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. ANY MONEY DEPOSITED INTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL BE USED TO SATISFY THE DEBT WITH THE FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES.

INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS, AND SIGNATURES ACKNOWLEDGE UNDERSTANDING OF THE SICK CALL PROCESS.

CARLOS HALL
 INMATE SIGNATURE

5/9/19
 DATE

MEDICAL STAFF USE ONLY BELOW THIS BOX

RECEIVED BY MEDICAL:

Olga Adeney, RN
 MEDICAL SIGNATURE

5/9/19 @ 21:25
 DATE/TIME

ACTION TO BE TAKEN:

- ☒ SCHEDULE FOR SICK CALL ☐ SCHEDULE FOR PROVIDER CLINIC ☐ WRITTEN RESPONSE TO INQUIRY
☐ OTHER: _____

MEDICAL RESPONSE:

See Progress Note. You are scheduled to follow up
with psychiatry the week of 5/17/19.

Amagrace Johnson
 MEDICAL SIGNATURE

8:02 5/10/19
 DATE/TIME

TURN KEY HEALTH

ARKANSAS



5865-19*1

SICK CALL REQUEST FORM

INMATE NAME: Charles Hall DOB: [REDACTED] INMATE NUMBER: 5-323
 DATE: 5-18-19 FACILITY: PCP 05 LOCATION/POD: INT-1

REASON FOR REQUEST:

my left leg is dropping constantly
from my hip down, it's not the leg,
it's the hip. Right side is in pain and
my back

1. INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR ~~PHARMACEUTICAL~~ SERVICES WILL BE CHARGED IN ACCORDANCE WITH ARKANSAS STATUTES.
2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT FUNDING OF THEIR INMATE ACCOUNT.
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE NO FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. THE ACCOUNT WILL BE USED TO SATISFY THE DEBT FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES.

INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS, AND SIGNATURES ACKNOWLEDGE UNDERSTANDING OF THE SICK CALL PROCESS.

INMATE SIGNATURE

DATE

MEDICAL STAFF USE ONLY BELOW THIS BOX

RECEIVED BY MEDICAL:

MEDICAL SIGNATURE

DATE/TIME

ACTION TO BE TAKEN:

- ☐ SCHEDULE FOR SICK CALL ☐ SCHEDULE FOR PROVIDER CLINIC ☐ WRITTEN RESPONSE TO INQUIRY
☐ OTHER: _____

MEDICAL RESPONSE:

You have been referred to the provider

MEDICAL SIGNATURE

DATE/TIME

TURN KEY HEAT

AF

1 IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
2 CIVIL DIVISION

3 CARLOS HALL, SR., PLAINTIFF

4 CASE NO. 60CV-19-7264

5 ERIC S. HIGGINS, AND, TURN KEY DEFENDANTS
6 HEALTH CLINICS, LLC,

7 VIDEO CONFERENCE DEPOSITION OF TINA MOORE

8 APPEARANCES

9 FOR THE PLAINTIFF:

10 Luther Sutter, Attorney at Law (via Zoom)
11 Sutter & Gillham
12 PO Box 2012
13 Benton, Arkansas 72018
14 501-315-1910
15 luthersutter.law@gmail.com

16 FOR THE DEFENDANTS TURN KEY HEALTH CLINICS:

17 Mark Wankum, Attorney at Law (via Zoom)
18 Anderson Murphy Hopkins, L.L.P.
19 400 West Capitol Avenue, Suite 2400
20 Little Rock, Arkansas 72201-4851
21 501-372-1887
22 wankum@mhfirm.com

23 FOR THE DEFENDANT ERIC S. HIGGINS:

24 Annie Depper, Attorney at Law (via Zoom)
25 Fuqua Campbell, P.A.
26 Riviera Tower
27 3700 Cantrell Road, Suite 205
28 Little Rock, Arkansas 72202
29 501-374-0200
30 adepper@fc-lawyers.com

31 Also Present: Carlos Hall (via Zoom)

32 TAKEN BEFORE Karisa J. Ekenseair, Certified Court
33 Reporter, LS Certificate No. 802, Bushman Court
34 Reporting, 620 West Third Street, Suite 302, Little
35 Rock, Arkansas 72201 on September 15, 2020,
36 commencing at 10:58 a.m.



1 whether they kept them or not, not me. I would
2 just --

3 Q. I understand.

4 A. They had to have it, you know, for
5 mobility.

6 Q. Right. And I'll tell you that Mr. Hall was
7 a paraplegic.

8 A. Okay.

9 Q. He wasn't -- he wasn't a quadriplegic. He
10 was a paraplegic. What -- what's the difference to
11 you?

12 A. He's able to use his arms.

13 Q. Right.

14 A. Not his legs, so.

15 Q. And because he was in a wheelchair I see
16 that there was some kind of policy or custom where
17 Mr. Hall -- it was recommended that Mr. Hall be
18 placed in the bottom bunk; is that right or wrong?

19 A. That's right.

20 Q. Now, Dr. Tilley, were you around when
21 Dr. Tilley became medical director on April 1st,
22 2019?

23 A. Yeah.

24 Q. Okay. And did you ever meet Dr. Tilley at
25 all?

1 if there's any -- we ask them if there's any wounds
2 or sores that we need to look at. And they'll
3 usually tell us then when we do the intake.

4 Q. All right. But --

5 A. If they don't tell us anything --

6 Q. I understand. But do you do a skin audit?

7 A. No.

8 Q. All right.

9 MR. SUTTER: Thank you for your time.

10 MR. WANKUM: We'll reserve the right to
11 read and sign the deposition, consistent with the
12 rules of civil procedure. So if you'll provide me a
13 copy of the transcript, I'll make sure it gets to
14 Ms. Moore so she can review it and get that back to
15 everybody.

16 (Whereupon the proceedings were concluded at
17 11:14 a.m.)

18

19

20

21

22

23

24

25

1 REPORTER'S CERTIFICATE

2 STATE OF ARKANSAS)
) ss
3 COUNTY OF FAULKNER)

4 I, KARISA J. EKENSEAIR, Certified Court
Reporter, Registered Professional Reporter in and for
5 the State of Arkansas, do hereby certify that TINA
MOORE was duly sworn by me prior to the taking of
6 testimony as to the truth of the matters attested to
and contained therein; that the testimony of said
7 witness was taken by me in stenotype and was
thereafter reduced to typewritten form by me or under
8 my direction and supervision; that the foregoing
transcript is a true and accurate record of the
9 testimony given to the best of my understanding and
ability.

10 I FURTHER CERTIFY that I am neither counsel
for, related to, nor employed by any of the parties
11 to the action in which this proceeding was taken;
and, further, that I am not a relative or employee of
12 any attorney or counsel employed by the parties
hereto, nor financially interested, or otherwise, in
13 the outcome of this action; and that I have no
contract with the parties, attorneys or persons with
14 an interest in the action that affects or has a
substantial tendency to affect impartiality, that
15 requires me to relinquish control of an original
deposition transcript or copies of the transcript
16 before it is certified and delivered to the custodial
attorney, or that requires me to provide any service
17 not made available to all parties to the action.

18 IN ACCORDANCE with Rule 30(e) of the Rules of
Civil Procedure, review of the transcript was
requested.

19 GIVEN UNDER MY HAND and SEAL OF OFFICE on this
20 28th day of September, 2020.

21
22
23 Karisa Ekenseair, CCR, RPR LS #802
Notary Public in and for
24 Faulkner County, Arkansas
Commission No. 12704567
25 Exp. 06-18-2028



Arkansas Department of Human Services
Division of Mental Health Services
SOCIAL WORK REPORTS
PSYCHOSOCIAL DATA

PSYCHOSOCIAL HISTORY/ASSESSMENT

RE: Carlos Hall

MR#: 700545

BY: Christopher Grimes, GSSW

DATE OF INTERVIEW: 11/29/06; 12/6/06

DATE TRANSCRIBED: 12/7/06

IDENTIFYING INFORMATION:

Name: Carlos Hall

Age: 33

Sex: Male

Race: African American

Marital Status: Separated

Date of Admission: 11/29/06

Legal Status: CCO 5-2-310

Name of Relative/Significant Other: Cosonja Dishman

Address of Relative/Significant Other: [REDACTED] Little Rock, AR 72204

Telephone Number of Relative/Significant Other: Cell Phone # [REDACTED]

Relationship to Patient: Fiancé

Guardian: None

INFORMANTS/SOURCES FOR THIS REPORT:

The patient was interviewed jointly with Dr. Guthrie on 11/29/06 while the patient remained on the unit. A face-to-face interview was conducted on 11/30/06 with the patient's mother, Mary Jackson and a telephone interview was conducted on 11/30/06 with the patient's fiancé, Cosonja Dishman. A request for records was sent to Little Rock Community Mental Health Center by support staff on 11/30/06 and telephone contact was made with medical records on 12/7/06. Records were requested and received from the Pulaski County Detention Center, Pinnacle Pointe Hospital, Baptist Medical Center, St. Vincent Doctors Hospital and Living Hope Institute. Those records have been reviewed and placed in the patient's legal chart. Information was received from the Prosecuting Attorney's office prior to the patient's admission. A forensic evaluation from Ed Stafford, Ph.D., submitted on 9/6/06 was reviewed.

ASSESSMENT OF INFORMANTS:

During the interview the patient presented with flat affect and reported once during the interview that he "just heard a voice telling him the date." The patient was able to provide some reliable information regarding his social history but not his psychiatric, legal or substance abuse/alcohol history. The patient's mother is considered a below average informant. She was able to provide some history regarding the patient, but she presented as somewhat disorganized, paranoid and expressed a few bizarre beliefs such as, "She (the patient's fiancé) puts her leftover "monthly" in his beans and rice and that's what keeps him going back to her" and "I know that she beats him with a board

cause I can feel the pain on my back and it leaves marks." Information obtained from the patient's fiancé and all concrete sources is considered to be of average reliability.

PRESENTING PROBLEMS:

The patient was admitted to Arkansas State Hospital/Forensic Unit on a CCO 5-2-310 Order for Treatment from Pulaski County for restoration of competency dated 10/31/06. The patient has been charged with the following: On 5/16/06 the patient was charged with Fleeing and Battery, Second Degree and on 5/17/06 the patient was charged with Aggravated Assault and Fleeing.

Official account of the events leading to the patient's arrest:

On 5/16/06 the patient was sitting in the driver's seat of a black Chevrolet pickup truck that was backed into a driveway on Franklin Street in Little Rock, AR. A police officer recognized the patient and knew that he had a warrant out for his arrest. The officer approached the vehicle asking the patient to place his hands outside of the driver's side window to which the patient complied. The officer then placed a "firm grip" on the patient's arm and the patient "tensed up and quickly started the truck with his right hand and threw it into gear." The patient "recklessly sped out of the driveway" striking the officer on the chest with the driver's side mirror. The patient drove off and the police officers did not follow since they knew the patient. The patient was charged with Battery Second Degree and Fleeing (Class C Felony).

On 5/17/06 the patient was spotted by a police officer as the patient was riding in the same pickup truck that he was in the previous day. A black female was driving the truck with the patient in the passenger side. The police proceeded to pull the truck over and the female driver began to cooperate by slowing down and moving to the side of the road. The patient was observed wrestling with the female and pushed her out of the moving vehicle which was at the time going about 30 mph. The female was almost hit by oncoming traffic and the patient sped off. The female had minor injuries after the incident. The female stated that she met the patient at a gas station and he offered to sell his truck to her for \$50. She agreed, gave him \$50 and the patient requested a ride back to College Station in Little Rock. The black pickup involved belonged to the patient's fiancé, Casonja Dishman. The patient was charged with Fleeing and Aggravated Assault.

The patient apparently drove to his house after pushing the female out of the truck. He stated that he was changing clothes when the police arrived and arrested him. According to St. Vincent Doctors Hospital records, the patient arrived in the ER on 5/17/06 in the custody of the police. Hospital records indicate that the patient jumped out of the moving police car. He suffered a "right subdural hematoma" and "left clavicle fracture." He was noted to be "combative in the emergency room" and they had to sedate him to complete medical treatment. He was admitted to ICU and released on 5/24/06 to the custody of the police. The patient has been incarcerated since that time at the Pulaski County Detention Center.

The patient could not give an account of the events leading to his arrest. He stated that he could not remember and "blacked out" a couple of times during those few days. He

does remember pushing the female out of the truck, but does not recall jumping out of the police car. There are no records from the police department indicating the patient was arrested after pushing the female out of the truck or documentation reporting the patient jumped out of the police car. This information was obtained from hospital records. He does admit to using cocaine during this time and was not taking his prescribed medications, but there are no records from the hospital confirming this.

While in jail the patient was prescribed medications for "hearing voices." He stated that they prescribed him Seroquel and he now feels better. He reports no psychotic symptoms at this time despite stating during the interview that he heard a voice telling him date.

Ed Stafford, Ph.D., saw the patient for a Forensic Evaluation while the patient remained incarcerated at the Pulaski County Detention Center on 9/3/06. The patient was experiencing psychotic symptoms throughout this evaluation. He diagnosed the patient with the following: Axis I: Psychotic Disorder, NOS, Schizophrenia, Paranoid Type, by History, Cannabis Abuse, by History and Cocaine Abuse, by History; Axis II: No Diagnosis. He was found not fit to proceed with the charges against him and was ordered to the Arkansas State Hospital on a 310 Order for Treatment.

PERSONAL HISTORY:

Family of Origin:

The patient is the second oldest of 3 children, the oldest being 34 and the youngest being 31. The patient has lived in Little Rock his entire life. The patient's mother, Mary Jackson and his father divorced when the patient was 8 years old. He states that he saw his father very little after the divorce and has not had contact with him in the last 5 years. When the patient was 10 years old the patient's mother remarried and had four children who are currently ages 29, 27, 25 and 22. These half-siblings grew up with him and his biological siblings with his mother and stepfather in the same house. The patient's mother is still married to the patient's stepfather. The patient's youngest half-sister (age 22) is currently hospitalized at a local psychiatric hospital for Bipolar Disorder. Currently, the patient's mother presents as paranoid and somewhat delusional regarding the patient's fiancé. She feels as though the fiancé has put a curse on the patient and that she does "everything she can" to keep the patient and his mother apart. The patient's fiancé reports that she gets along with the patient's mother but has had some problems with her in the past.

Prenatal, Birth, and Development:

The patient's mother reported no problems during birth and the patient's developmental milestones were normal. The patient did have a hernia on his belly button when he was born but it was successfully treated without further problems.

Social Development:

The patient considered himself a loner growing up. He did not have many friends and was not involved in school activities. His mother stated that he had a lot of problems in school and liked to fight. The patient stated that he had no support growing up from his mother. He reports that he received severe "whoopings" at times from his parents, but

the patient reports no physical or sexual abuse. The patient's mother reports that his older female cousin molested him when he was around 13.

Cultural /Peer Group/Environment:

The patient grew up in College Station in Little Rock, AR. He reports "life was like hell" growing up. He reports not having enough clothing or meals and grew up in poverty.

Religion:

The patient reports no official religious affiliation growing up. He did state that "after the tornado," which occurred in College Station in 1997, he became Jewish but does not attend services and does not currently practice this faith. He reported that he is currently "looking into Christianity." He did burn three crosses at different churches in College Station, "after the tornado." He reported hearing the "voice of God" and would tear pages out of the Bible. He also mentioned that a "host took over his body" and that the "tornado elicited the spirit" in him.

Education:

The patient completed the 9th grade, but reports dropping out. His mother reports that he was expelled from school in 9th grade for fighting, but the patient denies this. He was suspended 5 or 6 times for fighting throughout school and states that he was in regular classes growing up but had difficulty paying attention because he was "hearing voices that I thought everybody heard," which made it difficult for him to remember things that he read. He reports grades of A's and B's, but stated that he had "no support" from his family to continue in school.

Vocation:

The patient and his mother both report that the patient worked several construction jobs after being expelled from school. He worked for about 3 years at different jobs but could not focus at each job. He did not work for a few years and began receiving SSI benefits for his mental illness when he was about 22 or 23.

Military History:

None.

Marital/Sexual History:

The patient currently has 10 children with 6 different women. The patient states that he is a "family man" and he is a "sweet guy." When he was 15 years old he had one son who lives in Little Rock with his mother. When the patient was 19 he married and had one son and one daughter with his wife. He separated from his wife after about 2 years and she currently lives in Texas with their children. They are currently still married. Between the ages of 24 and 25 the patient had 2 sons with a different woman. At the age of 26, the patient had another son and at 27 the patient had another son, each again with different women. The patient states that he has been with his "fiancé" for 10 years, and his fiancé confirms this. The patient has three children with his "fiancé" to include 2 sons and one daughter. These children were born when the patient was 25, 26 and 27, respectively. His mother and fiancé confirm the patient's marital/sexual history.

Medical:

When the patient was born his mother states that he had a hernia, which was treated. He reports no current medical problems, however, he did suffer a head injury when he "jumped" from the police car after being arrested on his current charges. Medical records indicate that he patient had right subdural hematoma" and "left clavicle fracture." He reports no current problems from this injury. He also stated that he was hit in the head with a brick at the age of 12. He stated that he was dizzy for about 4 months after this incident.

Substance Abuse:

The patient's report of substance abuse is contradicted by the report of his fiancé and past medical records. The patient has been charged in the past with three separate Possession of Controlled Substances charges. The patient recalls these charges were for marijuana. The patient has a history of abusing marijuana, cocaine and alcohol. The patient was diagnosed with Cannabis Abuse and Alcohol Abuse by Pinnacle Pointe Hospital in 1997 and reported smoking and drinking "on the weekends." The patient reports that he started using cocaine at the age of 28. He stated that he used cocaine and marijuana 3 or 4 times a day for about a year. However, medical records on 12/5/05 from Baptist Medical Center report he tested positive for cocaine, marijuana and PCP. Also, his fiancé reports that the patient has abused marijuana and cocaine for the last two years indicating that the patient substantially minimizes his substance abuse problems. The patient reports drinking alcohol last when he was 30 years old and he would "just drink a few beers." The patient reports smoking 1 pack of cigarettes every two days and has never been treated for substance abuse. He did admit to being under the influence of cocaine when he was arrested for his current charge.

Legal:

The patient was arrested in 1992 for Possession of a Controlled Substance and was placed on probation. The next reported encounter with the legal system was in 1997. The patient has been incarcerated 20 times at the Pulaski County Detention Center since 1997. He was arrested 5/20/97 (3 months after the tornado in College Station) and charged with Disorderly Conduct and Public Intoxication. On 5/29/97 he was arrested for Obstruction of Government Operations and Possession of a Controlled Substance. He was arrested again on 6/24/97 for Disorderly Conduct and Resisting Arrest. The patient was then arrested on 9/15/97 and charged with Possession of a Controlled Substance and two separate Failure to Appear charges. The patient was apparently placed on probation because he received a Probation Revocation on 2/7/98. He again received two Failure to Appear charges on 6/2/98 and records indicate that he was held for State Hospital, but it appears as though he was released on bond. On 7/7/98 the patient was charged again with Disorderly Conduct and Public Intoxication. On 12/1/98 the patient was charged with Criminal Impersonation and Failure to Pay Fine. The patient was found in Contempt of Court on 9/7/99 and received numerous Failure to Appear Charges between that time and 6/11/02. On 10/4/02 the patient was charged with Driving with a Suspended Drivers License, Resisting Arrest, Battery, Second Degree, Failure to Pay Fine and Failure to Appear. The patient again received numerous Failure to Appear charges between 10/02 and 9/05. On 1/5/06 the patient was charged with 7 different Failure to Appear Charges, Battery, Third Degree, Resisting Arrest and Driving on Suspended License. On 1/19/06 the patient was again

charged with Failure to Appear and Driving on Suspended License. On 3/10/06 the patient was charged with Fleeing (Misdemeanor) and on 3/29/06 the patient was charged with Careless and Prohibited Driving and Driving on a Suspended License.

Warrants were issued for the patient's arrest and when the officer recognized the patient on 5/16/06 he attempted to serve these warrants to the patient. The patient's bond was set at \$500,000.00 when arrested on 5/17/06.

History of Violence:

The patient's mother reports that the patient had problems with "anger outbursts" growing up, but reports no acts of physical violence against people or animals. The patient's fiancé states that the patient has never been physically violent towards her but occasionally will tear the house up and not remember what happened. The patient has several Aggravated Assault charges and Battery charges. He threw a woman from a moving vehicle on 5/17/06.

BENEFITS/INCOME:

The patient receives a monthly SSI check of \$603. His check has been in suspense since June 2006. He does have an overpayment of \$3,618.00.

PSYCHIATRIC HISTORY:

The patient reports hearing voices since he was about 7 or 8 years old. He stated that he "thought everybody" heard these same voices. He reports having difficulty concentrating in school due to these voices. It is not clear when the patient was first diagnosed with a mental illness; however, at the age of 23 he reports that things started getting bad for him after a tornado went through College Station in Little Rock, AR in March 1997. He was not injured in the tornado but witnessed the tornado first hand. He reports seeing "things flying around in the air."

He was admitted to Pinnacle Pointe Hospital on 6/10/97 and presented with suicidal ideations, mood swings, auditory and visual hallucinations, paranoid ideations, depression, was easily angered/agitated, had lost a significant amount of weight and had not been sleeping well. At this time he also stated that he was the "13th disciple" and stated that he was "on a mission." He had burned down three crosses at this time, but was not officially charged. He responded well to medications and discharged from Pinnacle Pointe on 6/12/97 with the following diagnoses: Axis I - Psychotic Disorder, Not Otherwise Specified, Post-Traumatic Stress Disorder, Cannabis Abuse and Alcohol Abuse; Axis II - None.

He was admitted to Living Hope Institute on 10/29/97 and presented with auditory hallucinations telling him to "kill himself." There was no discharge date available but he was diagnosed with the following: Axis I - Schizophrenia, Paranoid Type and Axis II - No Diagnosis.

The patient reports being admitted to Baptist Medical Center at least 10 times in the past few years. However the only available records from Baptist Medical Center indicate the patient was admitted on 12/3/05 and discharged against medical advice on 12/6/05. He presented with hallucinations and insomnia. He stated that he was

"demon-possessed." He was diagnosed with the following: Axis I – Schizophrenia, Undifferentiated Type and Axis II – Deferred.

The patient has had three admissions and discharges to Little Rock Community Mental Health Center in the past. His first admission was in October 1997 through January 1998. His next admission was in June 1999, when he was admitted to the Crisis Stabilization Unit for a 17-day stay. He was again discharged from LRCMHC in April 2000. His last admission was in July 2003 and he was discharged in June 2004. Medical records state that he did attend some day treatment and received medication management services but failed to follow-up for his appointments and was eventually discharged all three times.

According to the patient's fiancé, the patient goes to the hospital, gets on medications and once he is released he stops taking his medications and starts using drugs again.

PSYCHOSOCIAL/LEGAL ASSESSMENT:

The patient was admitted to Arkansas State Hospital/Forensic Unit on a CCO 5-2-310 Order for Treatment from Pulaski County for restoration of competency dated 10/31/06. The patient has been charged with Fleeing and Battery, Second Degree and with Aggravated Assault and Fleeing. The patient has an extensive history of psychiatric problems, legal problems and substance abuse problems since the age of 23. The patient states that he has heard voices since he was 7 or 8 years old. The patient reports no support as a child and often received harsh "whoopings" from his parents. His parents divorced when he was 10 years old and the patient currently has 10 children from 6 different women. At the age of 23 the patient was witness to a tornado. He places importance on this event. He began to have delusions, increased auditory and visual hallucinations and displayed increased anger and agitation. He had his first of many psychiatric hospitalizations after the tornado and began to use marijuana, alcohol and cocaine. His legal problems began to escalate as well and it seems that most of his legal charges have been the result of drug use and mental illness. It appears that since experiencing the tornado, he developed a cycle where he would get on medications, quit taking them and began to use alcohol and drugs.

The patient's strengths include good verbal ability, the ability to express his needs and support from his fiancé and mother. The patient's needs include medication compliance, abstaining from substance abuse and supervision to ensure he has no further encounters with the legal system.

PRELIMINARY DISCHARGE PLANS:

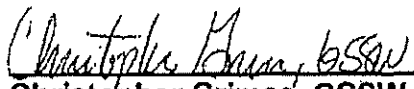
Criteria for Discharge/Expectations of Others:

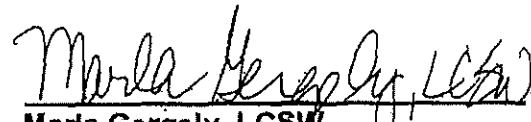
The patient is here on a 310 Order for Treatment. He will remain hospitalized for up to 10 months for restoration of competency. The patient will return to court for disposition when found fit to proceed. A report will be sent to the court at that time and an opinion given as to the issue of responsibility.

AFTERCARE RECOMMENDATIONS:

The patient's MHC of origin is Little Rock Community Mental Health Center. Should the patient return to the jail to await disposition of his legal charges it will be up to the MHC and the jail to coordinate any needed mental health services. If the patient is acquitted

of his charges he will most likely require a supervised setting to ensure he is compliant with medications, abstain from the use of drugs and to avoid future encounters with the legal system. The patient also has multiple Fleeing charges and one Escape charge indicating the patient may need a locked facility upon discharge to ensure compliance with conditions of release.


Christopher Grimes, GSSW
Graduate Student Social Work
Forensic Services
Arkansas State Hospital


Marla Gergely, LCSW
Senior Psychiatric Social Worker
Forensic Services
Arkansas State Hospital

CG/cg

AFFIDAVIT

STATE OF ARKANSAS)
)ss.
COUNTY OF _____)

Before me, a Notary Public in the State of Arkansas, personally appeared Brandy Nolen, who, being by me duly sworn, deposed as follows:

1. My name is Brandy Nolen, I am of sound mind, capable of making this Affidavit, and am personally acquainted with the facts herein stated and state that they are true and correct to the best of my knowledge, information and belief.
2. I am the Custodian of Records for Arkansas State Hospital, located at 305 South Palm St., Little Rock, Arkansas 72205.
3. In my capacity as Custodian of Records, I have the authority to certify the attached records of Carlos Hall, and I have prepared the same in the ordinary course of business.
4. Attached hereto are 183 pages of records for Arkansas State Hospital. These 183 pages of records are kept by Arkansas State Hospital in the regular course of business, and it was in the regular course of business for an employee or representative of Arkansas State Hospital, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record. Further, the record was made at or near the time or reasonably soon thereafter.
5. The records attached hereto are the original or exact duplicates of the original.
6. The undersigned has prepared this Affidavit in compliance with Ark. Code Ann. §16-46-108.

Further, Affiant sayeth not.

IN WITNESS WHEREOF, I hereunto set my hand this 15 day of July, 2020.

Affiant

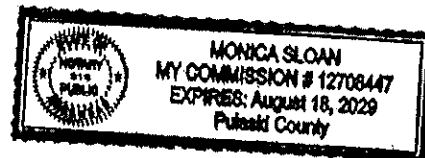
SWORN AND SUBSCRIBED before me on the 15 day of July, 2020.

Monica Sloan
Notary Public, State of Arkansas

Monica SLOAN
Notary's Printed Name

My Commission Expires:

8/18/2029



Patient Name: HALL, CARLOS CORTEZ

MRN: 743324

DOB: [REDACTED] Sex: Male

DOS: 6/24/2016

FIN: A1617600202

Emergency

DOCUMENT TYPE:

ED Physician Notes

RESULT STATUS:

Auth (Verified)

SIGNED INFORMATION:

PATE, K BRADLEY, MD - Emergency Medicine (6/24/2016

16:18 CDT)

SERVICE DATE/TIME

6/24/2016 11:32 CDT

Wound Infection *ED

Patient: HALL SR, CARLOS CORTEZ

MRN: 743324

FIN: A1617600202

Age: 42 years Sex: Male DOB: [REDACTED]

Associated Diagnoses: Pain, rectal

Author: PATE, K BRADLEY, MD - Emergency Medicine

Basic Information

Time seen: Date & time 6/24/2016 11:00:00.

History source: Patient.

Arrival mode: Private vehicle.

History limitation: None.

Additional Information: Chief Complaint from Nursing Triage Note : Chief Complaint

6/24/2016 10:34 CDT Chief Complaint No pain MD for 4 months. C/o continued pain from sacral ulcer .

History of Present Illness

The patient presents with wound infection. The onset was 1 weeks ago. The course/duration of symptoms is constant. Type of wound: BED ULCER. Location: *. The prior therapy was none. Symptoms: pain, swelling and drainage. The degree at present is moderate. Risk factors consist of . Prior episodes: occasional. Therapy today: none. Associated symptoms: chills.

Review of Systems

Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status**Allergies:**Allergic Reactions (Selected)*Severity Not Documented*

Haldol- No reactions were documented.

Risperdal- No reactions were documented.

Tussin- No reactions were documented.

Zyprexa- No reactions were documented.

Medications: Per nurse's notes.

Immunizations: Per nurse's notes.

Past Medical/ Family/ Social History

Medical history: Reviewed as documented in chart.

Surgical History:

No active procedure history items have been selected or recorded., Reviewed as documented in chart.

Family history:

No family history items have been selected or recorded., Reviewed as documented in chart.

Social history: Negative.

Physical Examination**Vital Signs****Vital Signs/Vital Measures**

6/24/2016 10:34 CDT

Temperature Source

Oral

Temperature Mode

Fahrenheit

Temperature, Fahrenheit

98.4 Deg F

Clinical Temperature, C

36.9 Deg C

Pulse Rate

78 bpm

Lab Legend: #=Corrected *=Abnormal L=Low H=High C=Critical ^=Footnote @=Referred to Reference Lab

Print Date/Time: 10/21/2020 16:04 CDT

Report Request ID: 151728998

Page 6 of 19

EXHIBIT**9**

tabbles

Patient Name: HALL, CARLOS CORTEZ

MRN: 743324

DOB: [REDACTED] Sex: Male

DOS: 6/24/2016

FIN: A1617600202

Emergency

Respiratory Rate	12 Breaths/Min	LOW
Systolic Blood Pressure	144 mmHg	HI
Diastolic Blood Pressure	98 mmHg	HI
Oxygen Saturation	98 %	.

General: Alert, no acute distress.

Skin: Warm, dry.

Head: Normocephalic, atraumatic.

Neck: Supple, trachea midline, no tenderness.

Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision unchanged.

Ears, nose, mouth and throat: Oral mucosa moist, no pharyngeal erythema or exudate.

Cardiovascular: Regular rate and rhythm.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.

Chest wall: No tenderness.

Back: No step-offs.

Musculoskeletal: PUSTULE W ACTIVE DRAINAGE FROM APEX OF GLUTEAL CLEFT.

Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds.

Neurological: BASELINE.

Lymphatics: No lymphadenopathy.

Psychiatric: Cooperative, appropriate mood & affect, normal judgment.

Medical Decision Making

Differential Diagnosis:: Cellulitis, abscess.

Results review: Lab results : Lab Results

6/24/2016 13:13 CDT

GFR Interp	
Glucose Lvl	96 mg/dL
Sodium Lvl	145 mMole/Liter
Potassium Lvl	4.6 mMole/Liter
Chloride	110 mMole/Liter HI
CO2	25 mMole/Liter
Anion Gap	10 mMole
Calcium Lvl	8.9 mg/dL
BUN	18 mg/dL
Creatinine	1.00 mg/dL
Est GFR African American	>60 mL/min/1.73m2
Est GFR NonAfrican Amer	>60 mL/min/1.73m2
WBC	4.9 10x3/mm3
RBC	4.72 10x6/mm3
Hgb	14.5 Gram/dL
Hct	43.7 %
MCV	92.6 fL
MCH	30.7 pg
MCHC	33.2 Gram/dL
RDW CV	13.9 %
Platelet	342 K/mm3
MPV	11.30 fL HI
Neut Percent Auto	49.50 %
Neut Abs Auto	2.42 K/mm3
Imm Gran Percent Auto	1.60 % HI
Imm Gran Abs Auto	0.08 K/mm3
Lymph Percent Auto	34.40 %
Lymph Abs Auto	1.68 K/mm3
Mono Percent Auto	9.80 %
Mono Abs Auto	0.48 K/mm3

Lab Legend: #=Corrected *=Abnormal L=Low H=High C=Critical ^=Footnote @=Referred to Reference Lab

Print Date/Time: 10/21/2020 16:04 CDT

Report Request ID: 151728998

Page 7 of 19



CHI St. Vincent

AFFIDAVIT
OF THE CUSTODIAN
OF HEALTH INFORMATION MANAGEMENT

Before me, the undersigned authority, personally appeared Kelly Savoy, who is being by me duly sworn, deposed as follows:

My name is Kelly Savoy, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the duly authorized Custodian of Records for:

- ☐ CHI St. Vincent Infirmary
2 St. Vincent Circle
Little Rock, AR. 72205
- ☐ CHI St. Vincent North
2215 Wildwood Avenue
Sherwood, AR. 72120
- ☐ CHI St. Vincent Morrilton
4 Hospital Drive
Morrilton, AR. 72110

Attached are 2,144 pages of records from 01/01/2015 to 05/21/2020 on patient Carlos Hall.

The records were prepared by personnel of the hospital, staff physicians, or persons acting under the control of either, in the ordinary course of the hospital's business at or near the time of act, condition, or even reported therein:

The records attached hereto are duplicates of the original, whether said records are paper or electronically originated.

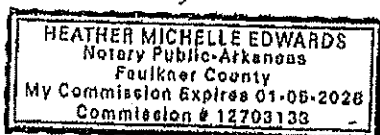
Alex Marshall, RRT
AFFIANT SIGNATURE

STATE OF ARKANSAS
COUNTY OF Faulkner

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 20th DAY OF October 2020

Heather Michelle Edwards
NOTARY PUBLIC, STATE OF ARKANSAS

My commission expires:



IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
CENTRAL DIVISION

CARLOS HALL, SR.

PLAINTIFF

V.

CASE NO. 4:21CV00106 BSM

ERIC S. HIGGINS

DEFENDANT

AFFIDAVIT OF MATTHEW ARIVETTE

Comes the Affiant, Matthew Arivette, having been duly sworn and states the following while under oath:

1. My name is Matthew Arivette. I am of legal age and competent to testify to matters in this affidavit.
2. I am employed by the Pulaski County Sheriff's Office ("PCSO") in Housing and Security at the Pulaski County Regional Detention Facility ("PCRDF").
3. In my capacity as a Lieutenant in Housing and Security at the PCRDF, I am familiar with the housing practices and accessibility of housing at PCRDF and have personal knowledge of the facts contained in this affidavit.
4. A true and correct copy of the Cell History Report with respect to Plaintiff Carlos Hall, Sr. ("Hall") is attached hereto as **Exhibit 10-1**.
5. From April 11, 2019, to April 18, 2019, Hall was housed in the U-Unit at PCRDF.
6. From April 20, 2019, to May 11, 2019, Hall was housed in the W-Unit, specifically, W-3-2 (W-3 Unit West).
7. From May 11, 2019, to May 18, 2019, Hall was housed in the W-Unit, specifically, W-1-1 (W-1 Unit West).
8. Hall was assigned a lower bunk due to his dependency on a wheelchair.
9. The U-Unit of PCRDF has handicap-accessible showers with handrails.

10. The U-Unit of PCRDF does not have handicap-accessible toilets.

11. The W-Unit, including W-3 Unit West and W-1 Unit West, has handicap-accessible showers with handrails.

12. W-3 Unit West has handicap-accessible toilets.

13. W-1 Unit West does not have handicap-accessible toilets.


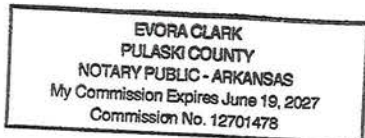
FURTHER, AFFIANT SAYETH NOT.



Matthew Arivette, Affiant

VERIFICATION

SUBSCRIBED AND SWORN TO before me, a Notary Public, on this 5 day of May, 2022.



NOTARY PUBLIC

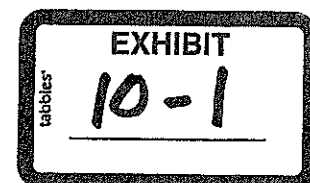
My Commission Expires:

6-19-2027

Jail Management Professional 6.3 ® Justice Solutions - CELL.HISTORY.RPT

Page 1 of 2

CELL HISTORY REPORT FOR 01/01/2001 THROUGH 10/17/2019								
KEY	NAME	LAST CELL	CELL	SECURITY	DATE	REASON	CLASS	OFFICER
5865-19	HALL,CARLOS CORTEZ							
		H/C-153	H/C-153		04/11/2019			2971
		U-306	U-306		04/11/2019			4231
		U-306	U-301		04/13/2019			4572



Jail Management Professional 6.3 © Justice Solutions - CELL.HISTORY.RPT

Page 1 of 2

CELL HISTORY REPORT						
FOR 01/01/2001 THROUGH 10/17/2019						
KEY	NAME	LAST CELL	CELL	SECURITY	DATE	OFFICER
5865-19*1	HALL, CARLOS CORTEZ	H/C-153	H/C-153		04/18/2019	4250
		U-306	U-306		04/18/2019	4572
		W-3-2	W-3-2		04/20/2019	4453
		W-3-2	W-3-2		05/08/2019	4658
		W-3-2	W-3-2		05/08/2019	4658
		W-3-2	W-3-2		05/10/2019	4526
		W-3-2	W-1-1		05/11/2019	4605
		W-1-1	W-1-1		05/18/2019	4655
		W-1-1	W-1-1		05/18/2019	4433

1 A. Trying to get your pronunciation there. I
2 speak a variety of dialects, so I'm getting that
3 you're saying G-E-L. I would say that under most
4 circumstances, unless someone couldn't turn at all,
5 the mats would be adequate, as adequate as gel,
6 G-E-L. G-E-L would be nice to have for every single
7 inmate, but certainly with certain constraints and
8 realistic expectations, I think the mats that are
9 provided are what they are.

10 Q. Well, we can agree they are what they are.
11 But so, who is Shantrell Gibson, do you know?

12 A. I do not.

13 Q. She did an intake screening in -- in April.
14 Were you aware of any complaints my client had of
15 pressure sores when you saw him in May of 2019?

16 A. I was not.

17 Q. Do you have a standing order when it comes
18 to treatment of pressure sores in the correctional
19 setting?

20 A. We don't have standing orders at all.

21 Q. Do you have any protocols?

22 A. We do have wound care protocols once
23 something has been established and it's
24 individualized. So the wound care nurse would
25 describe or ask me the situation, or I would see it

1 myself. We would come up with a plan and they would
2 carry that plan out.

3 Q. All right. And -- and who was the wound
4 care nurse back in April and May of 2019?

5 A. I'm not sure. It might have been
6 Ms. Burkett, who is no longer with the facility, but
7 that's only because later on she assumed that role.
8 I'm not sure if she actually had that title during
9 that time or that job description.

10 Q. Okay. Do pressure sores develop, you know,
11 over a period of days or immediately or -- or does it
12 vary from patient to patient?

13 A. It can -- it can happen very quickly
14 depending upon the condition of the patient.

15 Q. Well, in a patient like Mr. Hall, can
16 you -- can you say that, you know, pressure sores
17 develop immediately?

18 A. I wouldn't normally say it would have
19 developed immediately for anybody. You can get the
20 early stages very quickly within hours or even days,
21 but certainly not immediately.

22 Q. Right. And I -- I think I remember the
23 state -- that pressure sores are staged?

24 A. That's correct.

25 Q. With Stage 2 being a blanching of the skin

1 A. That is correct.

2 Q. And you say that he had developed a rapport
3 with Ms. Roberts; is that right?

4 A. That is my understanding. Yes.

5 Q. And so, had he complained to Ms. Roberts
6 about bedsores, would you have expected that a skin
7 audit be performed?

8 A. Yes.

9 Q. Did you see any skin audits in the file
10 between April 1st, 2019, and May 31st, 2019?

11 A. No.

12 Q. And so, is there a policy that would
13 require a -- a skin audit or any type of training, or
14 is it that just something you think a reasonable
15 health care provider would do?

16 A. It's individualized and it would depend on
17 each -- each particular case.

18 Q. Yeah. But if somebody's complaining of
19 bedsores, you've got to figure out -- what do you do?
20 You got to look for them first, don't you?

21 A. Correct.

22 Q. I mean, you just don't ignore bedsores, do
23 you?

24 A. No.

25 Q. You don't ignore complaints of bedsores, do

1 REPORTER'S CERTIFICATE

2 STATE OF ARKANSAS)
) ss
3 COUNTY OF FAULKNER)

4 I, KARISA J. EKENSEAIR, Certified Court
Reporter, Registered Professional Reporter in and for
5 the State of Arkansas, do hereby certify that ABSALOM
TILLEY, M.D. was duly sworn by me prior to the taking
6 of testimony as to the truth of the matters attested
to and contained therein; that the testimony of said
7 witness was taken by me in stenotype and was
thereafter reduced to typewritten form by me or under
8 my direction and supervision; that the foregoing
transcript is a true and accurate record of the
9 testimony given to the best of my understanding and
ability.

10 I FURTHER CERTIFY that I am neither counsel
for, related to, nor employed by any of the parties
11 to the action in which this proceeding was taken;
and, further, that I am not a relative or employee of
12 any attorney or counsel employed by the parties
hereto, nor financially interested, or otherwise, in
13 the outcome of this action; and that I have no
contract with the parties, attorneys or persons with
14 an interest in the action that affects or has a
substantial tendency to affect impartiality, that
15 requires me to relinquish control of an original
deposition transcript or copies of the transcript
16 before it is certified and delivered to the custodial
attorney, or that requires me to provide any service
17 not made available to all parties to the action.

18 IN ACCORDANCE with Rule 30(e) of the Rules of
Civil Procedure, review of the transcript was
requested.

19 GIVEN UNDER MY HAND and SEAL OF OFFICE on this
20 28th day of September, 2020.

21

22

23 _____
Karisa Ekenseair, CCR, RPR LS #802
24 Notary Public in and for
Faulkner County, Arkansas
Commission No. 12704567
25 Exp. 06-18-2028

Transcript of the Testimony of

Eric Higgins

Date: August 4, 2020

Case: Carlos Hall, Sr. v. Eric S. Higgins, et al.

Bushman Court Reporting

Jeff Bennentt

Phone: (501) 372-5115

Fax: (501) 378-0077

<www.bushmanreporting.com>

EXHIBIT

tabbles

12

Eric Higgins 8/4/2020

Carlos Hall, Sr. v. Eric S. Higgins, et al.

Page 9

1 A. No, sir.

2 Q. Do you receive federal funding?

3 A. We receive some, yes. Yes.

4 Q. For what?

5 A. We receive some grant funding and some funding for
6 feeding those. Receive funding from the federal
7 government for lunch program.

8 Q. All right. Have you received any grant money for
9 the operation of the jail?

10 A. No, sir. Not that I'm aware of.

11 Q. Not that you're aware of; is that correct?

12 A. Yes.

13 Q. So who would you talk to to answer that question?

14 A. I would talk to our financial manager and the
15 chief of detention.

16 Q. And who's that? Who's your financial manager?

17 A. Shy Seahorn.

18 Q. Do you know Mr. Hall at all?

19 A. No, sir.

20 Q. Never had any conversations with him?

21 A. Not that I'm aware of.

22 Q. If he -- if he's incarcerated -- if Mr. Hall is
23 incarcerated in your jail, are you going to make sure he
24 gets an accessible room or cell?

25 A. Sir, we'll do all we can for those who are with

1 special needs when they come into the facility, yes,
2 sir.

3 Q. Do you have accessible cells?

4 A. Yes, sir.

5 Q. About how -- are they located on the medical unit
6 or are they located elsewhere?

7 A. I don't know at this time how many cells we have
8 in the facility that -- where their locations are that
9 are related to that.

10 Q. All right. Do you know how pressure sores happen?
11 Just generally. I know you're not a doctor. But do you
12 know how they -- have you ever had a family member with
13 pressure sores?

14 A. No, sir.

15 Q. Okay. Well, basically our body, if you don't
16 relieve the pressure from time-to-time, it creates
17 pressure and the skin starts to ulcerate. And so it's
18 key that people who are at risk for pressure sores have
19 pressure relieving mattresses and things like that if
20 they're going to be in bed. The bunks that you have,
21 are those concrete bunks?

22 A. They're actually metal bunks.

23 Q. All right. And on -- above those metal bunks
24 there's some sort of mat you give people?

25 A. Yes, sir.

1 REPORTER'S CERTIFICATION OF CERTIFIED COPY

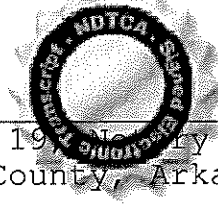
2
3 I, JEFF BENNETT, LS No. 19, Certified Court
4 Reporter in the State of Arkansas, certify that the
5 foregoing pages 1 through 11 constitute a true and
6 correct copy of the original deposition of ERIC S.
7 HIGGINS taken on August 4, 2020.

8 I declare under penalty of perjury under the laws
9 of the State of Arkansas that the foregoing is true and
10 correct.

11 Dated this 24th day of August, 2020.

12
13 *Jeff Bennett*

14 Jeff Bennett, CCR, LS No. 19, Notary
15 Public in and for Saline County, Arkansas



16 My Commission expires November 29, 2020.
17
18
19
20
21
22
23
24
25